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Epidemiology

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ANGOLA

Measles Kills More Than 60 Children in Uige

MB0612052191 Luanda ANGOP in French 1935 GMT
5 Dec 91

[Text] Luanda, 5 Dec (ANGOP)—An official source in the Provincial Directorate of Public Health and Epidemic Control told our newsdesk yesterday that measles has killed 66 children under five years old in Uige City, Uige Province, between July and September 1991, as compared to 42 between April and June 1991. The source added that 445 cases of measles have been recorded, compared with 248 cases between April and June.

GHANA

Cholera Outbreak in East Gonja District

92WE0134A Accra PEOPLE'S DAILY GRAPHIC
in English 17 Oct 91 p 16

[Text] A cholera outbreak at Abrumase in the East Gonja District, popularly known as "overseas," is reported to have claimed 20 lives.

Speaking to the GNA, Bumawura Mahamah Gbeadese I, assembly member for the area, said the disease, which broke out two weeks ago, had affected Buma, Silmanchu, Kugbatato, Tamtutu, and Akamade villages.

He appealed to the Ministry of Health to come to their aid before the situation got out of hand.

The assembly member who is the chief of Buma expressed concern about the condition of the road leading to the area, and advised that a medical team be flown there to take care of the situation.

KENYA

Suspected Meningitis in Kisii District

92WE0136C Nairobi SUNDAY TIMES in English
6 Oct 91 p 3

[Excerpt] Seven people, including a three-year-old child, have died following the outbreak of a mysterious disease suspected to be meningitis in Kehange village of Nyamarambe division in Kisii district.

SUNDAY TIMES investigations revealed that the victims died after complaining of severe headaches, high fever and painful stiff necks symptoms normally associated with meningitis.

The names of the dead were given as three-year-old Okech Manti; a Standard Four pupil at Ruma Primary School, Alice Manti (12) and James Onyango (37). The others were Onyeni Abaga, Onyeng'o Ong'uti and John Miruka.

When the SUNDAY TIMES visited the village, the villagers claimed that several people whom they could not name had died. They said the same disease struck the village in September last year claiming several lives before the local Public Health Officer swung into action.

The headmaster of Bosoga Primary School, Marko Anyego, expressed serious concern over the outbreak of the

disease at the neighbouring Ruma Primary School, which has already claimed one life and has caused three children to be admitted to Tabaka Mission Hospital.

A source at the Mission hospital confirmed the incident and added that meningitis cases are on the increase at the hospital, though he could not confirm immediately the presence of the Ruma Primary School pupils.

Meanwhile, a source at the St. Joseph Mission Hospital in Kilgoris also confirmed that the death of a musician from Ketange village, Onyeni Abaga, 30, died due to meningitis and added that the dead man was the only patient taken to the hospital with the disease.

Mid last month, two students of Nyanchwa Seventh Day Adventist College on the outskirts of Kisii town, died of meningitis and the Kisii MoH, Dr. George Obongo, ordered an immediate immunisation exercise at the college.

[Passage omitted]

'Major' Meningitis Outbreak in West Pokot

92WE0136A Nairobi THE KENYA TIMES in English
15 Oct 91 p 3

[Text] (KENYA NEWS AGENCY)—At least 26 people have been reported dead and hundreds others feared to be in critical condition following a major outbreak of meningitis in West Pokot District.

The outbreak was confirmed by the District Public Health Officer Mr. Naftali Bundi, who asked wananchi in the areas to take preventive measures to curb the spread of the disease.

The disease was first detected last month at Batei, Kipkomo and Sook locations in Chepareria division.

The chief of Sook Location, Mr. Thomas Makal, confirmed to the Kenya News Agency that six people have already died in his location and another 13 reported at Kapkomo Location. He said about seven others have died in Batei location.

Confirming the outbreak, Mr. Bundi warned that unless wananchi took preventive measures, the disease will take its toll in the area.

At the same time, Mr. Bundi issued information circular to all residents showing the symptoms predisposing factors of the disease, preventive measures to take and actions to be taken on detecting a person suffering from the disease.

He urged wananchi to seek immediate medical attention instead of consulting bush doctors who did not have medicine for the disease.

The officer said the districts health office had alerted the Ministry of Health headquarters in Nairobi about the outbreak to assist in containing the disease.

When reporters visited the Kapenguria District Hospital four wards were confirmed full with patients suffering from the disease, while the relatives of the admitted patients had camped outside the hospital's precincts.

Contacted for comment, the hospital secretary, Mr. Morrison Mango, said the hospital authorities were working around the clock to cope with large number of patients.

Mr. Bundi's circular about the outbreak was copied to all heads of departments in the district, public institutions and members of the public.

The circular stated in part: "Please be informed that we have had cases of meningitis in our district for the last one month and these cases are on the increase."

He appealed to members of the public not to administer any treatment on people showing symptoms of the disease but instead take them to the nearest health centre for medical attention.

The circular identified risk groups as overcrowded households, schools, prisons and areas where victims have been identified. The disease's symptoms include fever with high temperature, headaches, neck pains or neck stiffness, mental confusion and convulsion in children.

MAURITIUS

Annual Vital Statistics Report Issued

92WE0125A Port Louis LE MAURICIEN in French
26 Oct 91 pp 1,4

[Article by J. M. Poche: "Still the Lowest Infantile Mortality Rate in Africa"]

[Text] In 1990, Mauritius brought its infant mortality rate down to less than 20 per 1,000 from 30 per 1,000 in 1982. It has achieved the lowest rate in African history. The infant mortality rate, an essential indicator in measuring the health of the population, was announced yesterday by the deputy prime minister and minister of health, Dr. Prem Nabbasing as he presented his ministry's annual report to the press. The report has been published regularly since 1975. It contains a wealth of information describing the population, infrastructure, health service personnel, and indices ranging from the birthrate to the mortality rate.

Mauritius' population was estimated at 1,036,833 as of 30 June of last year. Men accounted for 516,375 and women 520,458. As of the same date, 38.6 percent of the population was less than 20 years old, as compared with 52.3 percent in 1972, reflecting an aging trend in the population. The trend is confirmed by the increase in the number of persons over 60 years old from 6 percent in 1972 to 8.1 percent last year. The dependency ratio, which measures the number of inhabitants under 15 and over 65 (the dependent ages) in relation to those between 15 and 65 years old (the productive ages), was 53.7 percent. In 1972, the dependency ratio was 78 percent. Women of child-bearing age (between 15 and 50 years old) accounted for 55.1 percent of all women as compared with 47.3 percent in 1972.

A Rising Birthrate

The population of Mauritius grew by 10,915 in 1990. That year, there were 21,799 live births—a birthrate of 21 per 1,000 as compared with 20.4 the previous year and 19.7 in

1988. The 1990 fertility rate was 76 births per 1,000 women of child-bearing age. The reproduction rate was estimated at 1.07. Stillbirths totaled 348, a rate of 15.7 per 1,000 births.

The mortality rate for 1990 was estimated at 6.6 per 1,000. As mentioned above, the infant mortality rate was 19.9 per 1,000 births. The number of women who died in childbirth was 15, a rate of 0.7 per 1,000 births. The minister of health hopes to achieve an infant mortality rate of 12 per 1,000 by the year 2000.

Heart Disease the Number One Cause of Death

Cardiovascular disease was responsible for 23 percent of deaths and continues to be the leading cause of death in Mauritius. Cerebrovascular disease followed closely as the cause of 13.1 percent of deaths. Other causes of death are diabetes (5.1 percent), hypertension (3.9 percent), pneumonia (3.5 percent), bronchitis (3.4 percent), respiratory problems (3.1 percent), cirrhosis of the liver (2.3 percent), and alcoholism (1 percent).

Road accidents accounted for 2.3 percent of deaths while 0.8 percent were the result of accidental fires.

One Doctor for Every 1,150 Inhabitants

The country's three main hospitals had 1,534 beds and the four regional hospitals accounted for an additional 318 beds. After adding the 873 beds at Brown Sequard Hospital, 179 beds at the ENT [expansion not given], and the beds available at health centers, the island has a capacity of 2.8 beds per 1,000 inhabitants. There are some 215 beds at private clinics.

The number of practicing doctors on the island at the end of last year totaled 950, an average of one doctor for every 1,150 inhabitants. There were 2,768 nurses and midwives, or one for every 395 inhabitants.

Hospital admissions totaled 141,710 and the island's hospitals treated 1,697,754 outpatients.

MOZAMBIQUE

Nampula Reports Highest Number of Leprosy Patients

MB2811194091 Maputo Radio Mozambique Network
in Portuguese 1730 GMT 28 Nov 91

[Text] The Nampula provincial health director has said that some 95 percent of leprosy patients live in that province. The number of leprosy patients in Nampula Province has been estimated at 13,000 though the number is thought to be higher in view of lack of statistics from the districts.

Other diseases afflicting Nampula Province residents include malaria, diarrhea, and TB. Shortage of water has aggravated health problems in the province.

Cholera Kills Two People in Moamba, Maputo Province

MB0212085891 Maputo Radio Mozambique Network in Portuguese 0500 GMT 2 Dec 91

[Text] A cholera epidemic that has just broken out in the Sabie administrative area, in Maputo Province's Moamba District, has killed at least two people. A total of 24 people suffering from cholera have been admitted to the local hospital.

NIGERIA

Five-Year Antidiarrhea Battle Continues

92WE0135A Lagos THE GUARDIAN in English 4 Oct 91 p 3

[Article by Akin Jimoh]

[Text] Nigeria will spend about N22.5 million before the end of next year to combat diarrhoea.

It is part of her five-year (1990-95) diarrhoea disease control (DDC) programme, which seeks to:

- reduce diarrhoea through improved environmental sanitation and availability of potable water;
- emphasise home treatment of the disease with sugar-salt solution (SSS) and other fluids to prevent dehydration and the promotion of breast feeding or early introduction of appropriate food to prevent malnutrition; and
- provide facilities for the treatment of dehydration with oral rehydration salts (ORS) and mother education in SSS fluid preparation and administration.

In fact, Federal Health Ministry officials told THE GUARDIAN that the scheme would be integrated into the primary health care system.

It will be based on home therapy, case management at health centres and prevention.

For home therapy family members will be trained to apply CBD's three rules—increased use of fluids, continuous feeding and when to seek help.

However, its case management at health centres will embrace:

- advising mothers to give the affected children fluids and use ORS to combat dehydration;
- using intravenous fluid to treat those severely dehydrated for which plain glucose and dextrose solution are considered unsuitable;
- avoiding anti-biotic and anti-parasitic drugs during medication, except in accordance with the anti-biotic sensitivity of the area.

Finally, it seeks to prevent the disease through breast-feeding for four to six months, improved weaning practices, sanitation and measles immunisation.

Moreover, the scheme hopes at the end of the day to:

- reduce diarrhoeal diseases death put at 315,000 deaths per 83.2 million cases in 1989 to 35 percent and morbidity by 20 percent in children under five years;
- provide correct case management to 40 percent of children who go for treatment; and
- provide correct home treatment to 60 percent of children affected by the diseases.

Besides, it plans to stem the disease and morbidity by:

- educating 80 percent of mothers on its management at home.

Tuberculosis Kills 125,000 Annually

92WE0135B Lagos THE GUARDIAN in English 17 Oct 91 p 3

[Article by Akin Jimoh]

[Text] About half of an estimated 250,000 tuberculosis patients die yearly in Nigeria.

With its two percent tuberculosis infection risk, Nigeria also ranks third behind India and Brazil among the world's 30 countries with the highest leprosy problem. Nigeria has over 150,000 registered leprosy patients.

The leprosy figure which covers the former 21 states and Abuja, has the highest incidence of 40,000 in the former Sokoto State and the least—500 cases—in Akwa Ibom State.

But ten states—former Anambra (5,300), Bauchi (8,529), old Borno (18,000), Benue (19,570), former Gongola (11,168), old Kano (7,500), former Kwara (7,034), Niger (14,654), Plateau (8,039), and former Sokoto (41,554)—account for 141,348 patients or 90.5 percent.

Nigeria has, however, adopted an eight-month short course chemotherapy (SCC) for the treatment of new smear positive tuberculosis as recommended by the International Union Against Tuberculosis and Lung Disease (IUATLD) and an eight-month retreatment regimen for failure and resistant cases.

It also retains a 12-month standard regimen for other forms of the disease except miliary and meningitis tuberculosis.

Health Minister Professor Olikoye Ransome-Kuti explained at the third international donors' meeting in Lagos on Tuesday that Nigeria applied the World Health Organisation (WHO) recommended Multiple Drug Therapy (MDT) in the treatment of its leprosy patients.

A 100 percent MDT coverage has been achieved in Kaduna, Edo and Delta (former Bendel State) states, adding that it covered 17 percent of the registered patients as against nine percent last year and 4.3 percent in 1988.

On manpower, Professor Ransome-Kuti said there were tuberculosis control officers in nine states—Akwa Ibom, former Bendel, Cross River, Rivers, Ogun, Niger, old Oyo, Lagos and former Kano—as well as tuberculosis and leprosy (TBL) control officers in all the states except Benue and Cross River.

The minister praised the seven donor-organisations and said 24 indigenous doctors trained by them were involved in the leprosy component of the national control programme.

He explained that leprosy cases would be reviewed early next year to have a realistic figure of its spread in Nigeria.

Yellow Fever Kills 300 in South

AB0312064991 Paris AFP in English 0106 GMT 3 Dec 91

[Text] Lagos, Dec 2 (AFP)—Three hundred people have died of yellow fever over the past two months in Aniocha, in Nigeria's southern delta state, the news agency of Nigeria (NAN) reported here Monday. Although more than 20,000 persons have been immunised by health officials, the step was not enough to check the spread of the disease which broke out last October, NAN quoted an official as saying. The poor state of environmental sanitation in the area was a factor in the spread of the disease.

SOUTH AFRICA

Cape Farm Worker Stricken With Congo Fever

Condition Critical

*MB0412161791 Johannesburg SAPA in English
1554 GMT 4 Dec 91*

[Text] Cape Town Dec 4 SAPA—A Montagu farm worker with congo fever was critically ill on Wednesday after being admitted to Tygerberg Hospital on Sunday, the Department of National Health and Population Development said in a statement.

The diagnosis was confirmed by the National Institute of Virology on Tuesday, Dr. Neil Cameron said on behalf of the department's regional office.

The condition of the 48-year-old man was critical.

He was in isolation and intensive care. All contacts had been traced and were being followed up.

The disease is highly contagious and potentially lethal.

Press statements would be issued daily, the release said.

Farm Worker Dies

*MB0612112391 Johannesburg SABC TV 1 Network
in English 0500 GMT 6 Dec 91*

[Text] The 48-year-old Montague farmworker with Congo fever has died in Tygerberg Hospital of the disease almost two weeks after contracting it.

A national health spokesman says as a result of a contact with the man, 398 hospital staff and other people are under observation and will remain so for the next two weeks.

A bite from the tick (*hyalomagnum refes*) initially transmits the virus, causing the hemorrhaging fever for which there is no antibiotic. Congo fever then becomes contagious. So far all those exposed to the man who died yesterday are still well.

South Africa's worst outbreak was in 1984 in the Cape. The infected man and the doctor treating him died and six hospital staff were infected but survived in isolation.

SWAZILAND

Tuberculosis Kills 69 People in 1991

*MB1112072091 Mbabane THE TIMES OF
SWAZILAND in English 11 Dec 91 p 1*

[Report by Vusie Ginindza: "TB [tuberculosis] kills 13 more"]

[Text] The TB [tuberculosis] death toll continues to rise everyday.

In the past 17 days alone, the disease has killed 13 more people.

This brings the figure to 69 people who have died from the disease since the beginning of this year.

So far, TB officials see no immediate remedy to bring down the alarming deaths but only hope that, public awareness and more convenient TB health centres, can bring positive change to the situation.

Currently, TB patients are squeezed together with mental patients at the Manzini National Psychiatric Centre.

Already officials of the centre are complaining that there is no more space for mental patients because they are forced to share the building with TB patients.

As observed by head of the TB Control Office in Manzini, Dr. C. Mabuza, regional units will be more useful than one big hospital because more people will be able to get there without much trouble as compared to a situation in which there is only one big hospital.

Over a thousand new cases have been recorded since the beginning of the year.

All these people are either treated and discharged on the same day or admitted for treatment and discharged after two months depending on the seriousness of the patient's condition.

However, even when a patient's condition is serious, he cannot be kept for a day longer than two months because of the accommodation crisis.

Another frightening aspect of the epidemic is its very close link with the dreaded AIDS which uses diseases such as TB to take advantage of the breakdown of the body's immune system.

TANZANIA

Cholera Claims 48 in Dodoma Region

*EA0612143991 Dar es Salaam Radio Tanzania Network
in Swahili 1700 GMT 5 Dec 91*

[Excerpt] Dodoma, Central Tanzania—A total of 48 people have died of cholera in Dodoma region and 85 others are continuing to receive treatment for cholera. The disease, which surfaced at beginning of last month in

Mpwapwa District, has not yet been brought under control since its outbreak. [passage omitted]

ZAMBIA

Dysentery Outbreak in Northern Province

92WE0137C Lusaka *TIMES OF ZAMBIA* in English
23 Oct 91 p 2

[Text] A serious outbreak of dysentery is ravaging Mbala and Isoka in Northern Province, where 90 people have been hospitalised after contracting the disease, area permanent secretary Mr. Vitaliano Chipimo confirmed yesterday.

He said as of October 16, there were 65 cases recorded at Mbala alone with one discharged while in Isoka 25 were hospitalised with about 13 discharges a few days later.

But Mr. Chipimo was optimistic with measures being taken by the Government so the situation didn't get out of control. He blamed the epidemic on bad water.

On cholera, he said the situation had almost been brought under control. There was only one person still admitted at Mpulungu.

Most people who were admitted for cholera to Mpulungu, Nsumbu and Chisanza were discharged last weekend.

"Our latest situation is that we have had no cases of cholera coming up since last week. I am more than sure that even the lone patient will be discharged soon."

And ZANA reports that one person died from cholera while five others mostly travellers were admitted to Serenje district hospital raising fears the disease which has hit Luapula Province may spread to the district.

Serenje district executive secretary Mr. Francis Sitali confirmed the death of the man who was travelling from Kashikishi to Kitwe.

Mr. Sitali said the figure of those admitted to the hospital had risen from three to five last weekend and expressed fears more deaths might occur.

He said the victim, a man, who he did not name was buried in Serenje.

Health Minister Details Dysentery, Cholera Deaths

MB1812103391 Johannesburg *SAPA* in English
0927 GMT 18 Dec 91

[Text] Lusaka Dec 18 *SAPA*—In the past two months alone in Zambia, dysentery has claimed 566 lives and cholera 485, the country's Health Minister Dr. Boniface Kawimbe revealed on Wednesday.

Dr. Kawimbe said the first case in the dysentery outbreak was reported six months ago and thus far 600 people had died of the illness.

So far this year 3,650 cases of cholera had been reported in Zambia. Six hundred people died of the disease—485 of them in the past two months.

While the Health Ministry negotiated for more funds to be allocated in the fight against dysentery and cholera, a team of specialists from the United States' Atlanta Centre for Disease Control arrived in Lusaka on Sunday [15 December] to help combat the sicknesses.

Zambia has also reported an alarming increase in the number of people dying of malaria: those who succumb to the disease make up between 20 and 30 percent of the total number of deaths in the country.

Dr. Kawimbe on Wednesday received 300,000 tablets of the anti-malaria tablet chloroquine—worth about k[kwacha]500,000—from Iranian Ambassador Mohsen Pakaein.

Iran had also promised to give 300 spraying pumps for the control of the spread of malarial mosquitos to Zambia in the next few months.

On Tuesday Mr. Pakaein said his country would continue to help third world nations, particularly Zambia whose health sector was experiencing enormous economic and social problems.

More Cholera Deaths in Luapula Province

92WE0137D Lusaka *TIMES OF ZAMBIA* in English
10 Oct 91 p 1

[Text] Fifty more people have died from cholera bringing the death toll to 56 in Luapula Province as the killer disease continues to ravage the area.

Permanent secretary in the Ministry of Health Dr. Everiste Njelesani said in Lusaka yesterday an additional group of medical workers had been rushed there to control further spread of the disease.

"People living in border areas have been advised not to cross into Shaba province of Zaire until the situation improves," he said.

Earlier it was reported six people died from the disease. The current outbreak which originated from Kilwa island, Kisengol and Pweto in Zaire spread to Zambia because of difficulty in controlling movement of people across the border between the two countries.

The number of recorded cases was 408 with 139 patients still in treatment centres and 213 already discharged.

The ministry was working in collaboration with UNICEF, World Health Organisation (WHO) while the French Charity Medicins San Frontieres (doctors without frontiers) had joined the medical personnel in Kilwa island to contain the situation.

Dr. Njelesani said although additional health workers and adequate medical supplies had been despatched to contain the situation on the Zambian side, it was necessary for them to work with the Zairean medical authorities if the epidemic was to be contained.

He advised the public to maintain high standards of personal hygiene and report to health authorities any attack of diarrhoea if they had been to cholera affected areas.

The latest outbreak which was reported two weeks ago in the Mulundu area in Mwense has now spread to various parts of Luapula Province.

And Ndola Urban council has dispelled persistent fears that a total sum of K14 million donated by ZCCM and the Government to combat cholera in the district had been swindled.

Ndola Urban district senior governor Mr. Levy Mbulo said the "malicious" rumours which had reached him were "the work of evil minds" intended to embarrass the council and hurt some officers doing a commendable job for Ndola citizens.

Mr. Mbulo confirmed that when the city had an outbreak of cholera which claimed many lives ZCCM donated K7m to help fight the epidemic.

The sum of K4m which is alleged to have been given to the council by the Government was channeled through the office of the Copperbelt permanent secretary and it is only officials at the province who can give a clear picture on how the money was spent.

ZCCM's K7m Mr. Mbulo said had a lot of strings attached as it gave specific conditions and items on which the amount was to be spent.

Mr. Mbulo stressed that there was no way he and council officials could squander or swindle money meant for wiping out cholera.

The K7m was put to good use and that was why the district managed to wipe out the killer disease.

In another development, Ndola residents are up in arms against the council over the perennial shortage of water facing parts of the district.

The worst hit areas include Northrise, Itawa, Kansenshi and parts of Chifubu.

Cholera Epidemic Kills 187 People in Northern Province

MB0312164791 Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 2 Dec 91

[Text] The cholera epidemic which has ravaged many areas of Northern Province since August has claimed 187 people, while dysentery has also claimed 35 more lives in the same area.

Northern Province Minister Mr. Daniel Kapapa told ZANA in an interview today that the worst hit areas were Mushungu and Mpulungu, which suffered 22 deaths each, with Jagwalia coming next in line with 18 deaths.

Mr. Kapapa said, however, that the two epidemics had been brought under control, although dysentery still posed a danger in most parts of the province, especially in [words indistinct] where poor water supplies worsened the sanitary conditions.

Anthrax Outbreak in Western Province

92WE0137A Lusaka TIMES OF ZAMBIA in English 30 Sep 91 p 2

[Excerpt] There is an outbreak of anthrax, a deadly cattle disease, in Western Province, a veterinary spokesman has announced.

A GAZETTE notice from the veterinary department in Lusaka says Sesheke district had been declared an anthrax infected area.

The Government has banned the introduction of any stock carcasses or animal by-products from this area into any part of Zambia and engagement in the sale of stock until the notice was rescinded by the veterinary department. [Passage omitted]

ZIMBABWE

One Million Citizens Said Suffering From Asthma

MB0612112091 Johannesburg SAPA in English 0930 GMT 6 Dec 91

[Text] Harare Dec 6 SAPA—A million Zimbabweans, most of them children, suffer from asthma caused partly by ignorance and rising pollution, doctors claim.

The death rate is high, and ignorance has deprived thousands of the advantages of latest methods of asthma prevention, early detection, management and treatment.

The ZIANA news agency reports the doctors as saying that asthmatics simply failed to recognise severe attacks, particularly in urban areas.

Dr. Kazzim Mawji, a leading asthma researcher, said the absence of home care programmes for asthmatics meant that sufferers failed to react immediately to asthma attacks. "In spite of progress in the treatment of asthma, the death rate has not decreased significantly," he said.

Dr. Paul Neill, adviser to the Asthma Information and Resource Association (AIR), said rural children were relatively immune to the disease.

AIR, yet to be registered as a welfare organisation, intends creating an awareness of asthma, to help those who cannot afford treatment, and to encourage local research.

Dr. Neill said asthmatics and doctors needed help and information on the latest trends of the disease.

Asthma can attack all age groups, although smokers, drunks and the poor who live in squalor or work in hazardous places face a greater risk.

There is no cure, but some children grow out of asthma by puberty. Research is still under way to establish whether the disease can re-emerge in these children in old age.

Lumpy Skin Cattle Disease in Mashonaland

92WE0133B Harare THE HERALD in English 22 Oct 91 p 3

[Text] Chinhoyi—A total of 129 cattle died of lumpy skin disease in Mashonaland West during the last agricultural

year but this number of recorded deaths was only a tip of the iceberg, the provincial veterinary officer, Dr. Francois Flanagan, said yesterday.

In an interview, Dr. Flanagan said although there was no major disease problem in the province, cases of the lumpy skin disease, which were confined to the eastern and western areas of the province bordering Gokwe, had now been brought under control.

"Since November last year, there have been 93 reported outbreaks of the lumpy skin disease affecting 672 animals and resulting in the deaths of 129. This is only the tip of the iceberg because many more cases were not brought to our attention," Dr. Flanagan said.

Mupfure, Magondi, Zowa and Sanyati were the worst affected areas, although the disease, which is a form of pox (like chicken pox), occurred everywhere in the province.

However, the disease, which has taken its toll among young cattle, was now effectively controlled by a vaccine, he said.

The advent of the rainy season meant that the Department of Veterinary Services had to be on alert for tick-borne diseases. The department faced a number of constraints in the execution of its functions, he said.

These were the shortage of water for dipping, which resulted in water having to be fetched from distances of up to 15 km in ox-drawn carts.

Dr. Flanagan said his department had been unable to identify the mysterious disease that killed cattle in the Chirau communal lands a fortnight ago.

He said there were no reports of further deaths apart from nine oxen which died which had been skinned before veterinary officials could assess the cause of their death.

Jackal Population Leads To 'Worst' Rabies Outbreak in 1991

*MB1612191291 Johannesburg Radio RSA in English
1100 GMT 16 Dec 91*

[Text] Zimbabwe has had its worst outbreak of rabies in its history this year because of the increase in the population of jackals.

The Zimbabwean director of veterinary services, Mr. Stewart Hargreaves, said up to 100 animals, including cattle, were dying of rabies each month. Mr. Hargreaves said his department had been given permission to poison jackals to reduce their numbers.

He said the spread of rabies was being made worse by straying domestic animals that mixed with wild animals.

An Epidemiologic Survey on a Type E Hepatitis (HE) Outbreak

54004804A Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 12 No 5, Oct 91 pp 257-260

[Article by Xia Xuezhong [1115 1331 0022], Zhao Guosheng [6392 0948 0524], et al., Yili District, Hygiene and Epidemic Prevention Station, Xinjiang Uygur Autonomous Region]

[Text] This article deals with a HE outbreak, which occurred in Sulagong Village, Pan-Jin Township, Yining County, Xinjiang. There was a total of 214 patients involved in the village, with an attack rate of 6.15 percent. Among the patients, young people formed the majority. The attack rate between 20 to 24 years of age reached 17.9 percent. Attack rate of pregnant women between 18 to 35 years of age was significantly higher than that of the non-pregnant ones. The condition in pregnant patients was rather severe. Their case fatality rate was 5.88 percent and abortion rate was 17.64 percent. By epidemiological investigation, it was shown that the chief contributing cause of the HE outbreak was probably contaminated drinking water, and direct or indirect contact with the patients in the infectious stage was also a risk factor.

Statistics Show Beijing Residents Live Longer

OW2811234991 Beijing XINHUA in English 1241 GMT 28 Nov 91

[Text] Beijing, November 28 (XINHUA)—In 1990, the death rate of Beijing residents was 5.81 per thousand, taking the capital into the ranks of the world's low-mortality municipalities.

According to data by the municipal statistics bureau, the average life expectancy of Beijing residents saw a dramatic increase by 3.8 more years in the past 10 years, up from 1981's 71.9 to 75.7 by the end of the last decade, today's "BEIJING DAILY" reported.

Municipal health officials attributed the increase to improved living standards, better social welfare, a drop in the number of infections and general improvements in hygiene, according to the newspaper.

The incidence of infectious diseases has dropped sharply in the capital, with the immunization rate reaching 85 percent. The incidence of measles has dropped by 99.75 percent.

According to statistics, in 1990, the death rate in Tokyo was 5.97 per thousand, Sydney 7.29 thousand, New York 10.37 per thousand, Paris 10.41 per thousand, London 10.95 per thousand and Moscow 12.18 per thousand.

The capital's traffic accident mortality has been dropping during the past five years, decreasing by 41.1 percent from 1985's 759 persons to 447 in 1990.

However, chronic diseases such as heart diseases and cerebralvascular problems remain the top killers in the capital, almost in a par with the developed countries.

Tian Jiyun Writes Inscription for Meeting on Quarantine Law

OW0312051491 Beijing XINHUA Domestic Service in Chinese 0817 GMT 2 Dec 91

[Report by Zou Peiyan (6760 3099 7346)]

[Text] Beijing, 2 Dec (XINHUA)—The State Council's Bureau of Legislative Affairs and the Ministry of Public Health held a meeting today at the Great Hall of the People to mark the fifth anniversary of the promulgation of the "Border Public Health and Quarantine Law of the People's Republic of China." Li Xiannian and Tian Jiyun wrote inscriptions for the meeting. Ji Pengfei, Peng Chong, Liao Hansheng, and Chen Muhua attended.

Vice Public Health Minister He Jiesheng gave a briefing on the enforcement of the law at over 160 border public health and quarantine units of land, sea, and air posts across the country since the implementation of the law five years ago. She said: The border public health and quarantine work is an important component of our country's work in health care and in the prevention of diseases. It is an outpost for implementing as a main concern the prevention of diseases, for preventing the inflow and outflow of contagious diseases, and for protecting the people's health, and as an important measure in ensuring a smooth process in our country's opening to the outside world. In the past five years, public health and quarantine stations in various localities have discovered a total of over 45,000 cases of various contagious diseases in people entering and exiting the border. Of these cases, 122 were AIDS patients and AIDS virus carriers; 1,308 were people infected with venereal diseases; others were contagious diseases such as tuberculosis and virus hepatitis. The stations found plague bacteria antigen in the bloodstains of imported animal hides and found dead infants, decomposed animal carcasses, and garbage in imported waste and old materials. This year, public health and quarantine stations in various ports conducted hygienic checks on 11.51 million tons of imported foodstuffs and found that 450,000 tons did not meet our country's hygienic norms. As such, the border public health and quarantine units have taken effective measures according to the law to prevent the inflow and outflow of contagious diseases and means of their transmission and the importation of unhygienic foodstuffs, thereby protecting our country's interests and the people's health.

At the meeting, Cao Kangtai, deputy director of the State Council's Bureau of Legislative Affairs, said: The aim of enacting the border public health and quarantine law is to prevent the inflow and outflow of contagious diseases. The efficiency in implementing the quarantine work directly affects the implementation of the reform and opening policy and national economic development. He hoped that propaganda on the border public health and quarantine law would be strengthened to take root in the hearts of the people and make them familiarize themselves, master, and abide by the law.

At the meeting, 27 public health and quarantine units in Shenzhen, Dalian, and Tianjin were conferred titles of advanced units that earnestly enforce the law.

Scientist Develop Nucleotide Identification in DNA

OW0212032191 Beijing XINHUA in English 0215 GMT
2 Dec 91

[Text] Shanghai, December 2 (XINHUA)—Chinese scientists have developed a new method which can be used to determine the nucleotide order of DNA (deoxyribonucleic acid), which contains the genetic codes of organic cells.

The new 'high-temperature DNA determination system' has resolved the problem of maintaining a stable temperature in the process of automatically identifying the nucleotide order.

Experts say the new method, which passed an appraisal on Wednesday, will be an important contribution to biological research programs throughout the world.

Identifying the order of nucleotides in DNA will help scientists understand the causes of numerous diseases, as well as helping to determine a person's level of intelligence.

Recent reports revealed that the United States alone has invested over three billion U.S. dollars in similar research, in hopes of determining the order of over three billion nucleotides in human body within the next 10 to 15 years.

An American company, Bio-Rad, has agreed to cooperate with China to further develop the technique.

Efforts for Preventing Infectious Diseases Pay Off

OW0712183891 Beijing XINHUA in English 1348 GMT
7 Dec 91

[Text] Beijing, December 7 (XINHUA)—China has made rapid progress in preventing and controlling infectious diseases, and in fighting against natural disasters which cause epidemic diseases since the implementation of the 'law to prevent and control infectious diseases' two years ago.

Dai Zhicheng, director of the Epidemic Prevention Department of the Ministry of Public Health, told a news conference here today that the 'regulations for implementation of the law to prevent and control infectious diseases', an auxiliary document to the former one, has been approved by the state council and issued by the Ministry of Public Health today.

Since the 'law to prevent and control infectious diseases' went into effect in September of 1989, the law has played a very important role in preventing infectious and epidemic diseases in the country.

Statistics show that by the end of this October the incidence of infectious diseases stood at over 2.5 million—some 0.57 percent less than the figure for the corresponding period of last year. The death toll stood at 6,019—some 36.48 percent less than that of last year's same period.

Of the infectious diseases, the incidence of cholera decreased by 81.79 percent over last year's same period and the incidence of dysentery dropped by 1.16 percent over last year's first 10 months. The figure for whooping

cough dropped by 49.89 percent and that for diphtheria, by 60.64 percent over the corresponding period of 1990, respectively.

Progress in Controlling Epidemic Diseases

OW0912062791 Beijing XINHUA in English 0433 GMT
9 Dec 91

[Text] Beijing, December 9 (XINHUA)—The incidence of epidemic diseases totalled 2.54 million cases in the first 10 months of this year, 0.57 percent less than in the same period of last year.

In addition, the death toll dropped 36.48 percent.

The OVERSEAS EDITION of the 'PEOPLE'S DAILY' reported that China has made such achievements despite the devastating summer floods this year as a result of the implementation of the law to prevent and control infectious diseases two years ago.

A spokesman for the Ministry of Public Health said that the law has played a great role in China in the past two years in efforts to prevent and control infectious diseases, and combat natural disasters which cause epidemic diseases.

The incidence of cholera decreased by 81.79 percent over the same period of last year and the incidence of dysentery dropped by 1.16 percent over the first ten months of last year. The figure for whooping cough was a 49.89 percent decrease and that for diphtheria 60.64 percent, respectively, over the corresponding 1990 period.

Health Ministry To Strengthen Border Quarantine Services

OW1312213791 Beijing XINHUA in English 1549 GMT
13 Dec 91

[Text] Guangzhou, December 13 (XINHUA)—China is to strengthen the training of public health and quarantine personnel at various levels and promote academic exchanges of research on quarantine practices in an effort to catch up with international standards.

He Jiesheng, vice minister of public health, made the remark at a meeting held here today for marking the fifth anniversary of the issuing of 'Border Quarantine Law' and 80th anniversary of Guangzhou's conducting of public health and quarantine services.

Chen Minzhang, minister of public health, also participated in the meeting.

He Jiesheng said the strengthening of the border health and quarantine service is necessary to prevent the transmission of infectious diseases and to guarantee the smooth implementation of the opening to the outside world policy.

He added that various kinds of epidemic diseases have been reported in many areas of the world. Of them, bubonic plague, cholera, yellow fever and AIDS pose great threats to mankind. Prevention of the transmission across borders of these diseases is an arduous task for border quarantine departments.

He Jiesheng also praised the achievements made by Guangzhou Public Health and Quarantine Station. The vice minister said the station has set an example for all other border quarantine stations. The Guangzhou station has been monitoring the reporting of infectious diseases among the mainland's joint venture personnel working in overseas offices. They have fumigated rats and insects in airliners and enforced the strict quarantine of imported foodstuffs.

In the past five years, the station has completed health checkups on 23.5 million people that entered or left the country, and found more than 30,000 people not up to health standards.

During the same period, the station also quarantined about 1.4 million tons of imported foodstuffs, discovering 12,400 tons of foods not meeting hygienic requirements. This saved the nation losses of more than 28 million yuan.

In the past five years, the station examined more than 370,000 containers and about 1.3 million tons of waste and second-hand products.

Doctors Develop New Treatment for Silicosis

OW1612053591 Beijing XINHUA in English 0332 GMT 16 Dec 91

[Text] Beijing, December 16 (XINHUA)—Chinese doctors have developed a new method of treating silicosis.

The breakthrough method, known as lung washing, was developed by the Nanjing Chest Disease Hospital in 1986 and brought to perfection by March 1991.

Through September of this year, the hospital had treated 50 cases of the disease. Clinical observation and follow-up visits found the lung functions of the 50 patients had much improved.

Silicosis causes shortness of breath and ultimately death. It is a serious threat to the health of workers, especially coal miners.

This is the first breakthrough in more than 20 years of research of treating the lung ailment.

An old worker from the Shenyang Mining Administration, who has worked in the mine for 26 years, is one of the patients who has benefited from the new treatment. He said that before receiving the treatment, he felt a tightness in his chest and a shortness of breath which sometimes made it difficult to speak. After he received the treatment in August this year, he is now able to run three kilometers a day and has gained five kilograms in weight.

According to statistics, there were about 390,000 cases of silicosis in China between 1949 and 1986. The most serious were in the coal mines where such patients account for 46 percent of the national total. More than 43,000 miners died of the disease, 2.5 times that of the total deaths caused by mining accidents.

The new method of treatment may help relieve miners of fears of the disease. Recently, the All-China Federation of Trade Unions, the Ministry of Labor and Personnel, the Ministry of Public Health and the China state-owned Coal Mining Corporation discussed means to popularize this new treatment.

CAMBODIA

Fifty Die From Malaria in Takeo Province

BK1012060691 Phnom Penh SPK in English 0415 GMT
10 Dec 91

[Text] Phnom Penh SPK December 10—Fifty people died from malaria in a district of Takeo Province, about 90 km south of Phnom Penh, this year.

According to Men Poleng, head of the health service of Kirivong District, the malaria sufferers had been recorded in Som and Ta On Communes, the serious malaria affected areas.

He said that 200 and 156 people in the areas died respectively in 1982 and 1986 from such a disease.

INDONESIA

Editorial Views 'Rampant' Outbreak of Cholera in West Java

BK0812103791 Jakarta KOMPAS in Indonesian
21 Nov 91 p 4

[Editorial: "We Hope That the Cholera Case in Ciamis Will Not Turn Into an Epidemic"]

[Text] As reported by this daily yesterday, the Ogawa-type Eltor cholera has been rampant in Ciamis district, West Java, since October. The West Java Regional Legislative Assembly has proposed to the Health Department's regional office that the occurrence be declared an epidemic.

We have closely monitored the outbreak of cholera in Ciamis for several reasons: first, because of our deep concern that the disease has claimed heavy casualties. This daily's correspondents noted that this disease had afflicted 2,038 and killed 16 persons. The Health Department's regional office reported that the disease had stricken 64 villages in 6 subdistricts.

When we talk about a disease with symptoms including vomiting and diarrheal discharge, it is important to remind the public of the main causes of cholera.

Dr. Suyoga MPH [Master in Public Health], head of Health Department's West Java regional office, pointed out that cholera had spread rapidly in Ciamis due to the poor public health system. He said that local people often use public water utilities, such as ponds, for taking baths and use as toilets. As such, when a person suffers from cholera, other people who use the pond are also infected. The bad habit is made worse by the change of the dry season into the rainy season, with the movement of water contaminated by the Eltor cholera into other places.

We want to praise Ciamis Health Service's actions to remedy the situation by putting a chemical substance in water wells and providing antibiotic injections to the patients.

Obviously, the most urgent task is to help the victims. After that, we must also encourage a healthy lifestyle for the people who are still prone to such a contagious disease.

We want to stress the importance of preventing the disease and hope that the authorities will provide an adequate supply of clean water and enhance public awareness of healthy lifestyles.

As for the proposal submitted to the health minister that the outbreak of cholera in Ciamis be declared an epidemic, we believe that it must be considered more carefully.

We believe that a negative impact of such a proposal will follow. The State Law No. 4/1984 stipulates that only the health minister is authorized to declare or revoke such a decision and he must be very careful before doing it.

If such a decision is reached, it must also be conveyed to the World Health Organization and the existence of the Eltor cholera epidemic in Ciamis must be made known worldwide.

The obligation to comply with the international etiquette is not something difficult, but on the other hand, it will bring about a negative impact, namely, it will lower our national reputation as far as the maintenance of public health is concerned. Besides, foreign tourists may have second thoughts before they visit our country, which they may view as cholera-prone.

We must indeed turn the Ciamis experience into an invaluable lesson. We must obviously pay attention to the efforts to provide early relief measures so as to avoid a higher death toll. Appropriate follow-up measures are also needed to prevent the disease from spreading further.

In this connection, the Health Department's West Java regional office said that its most important task was to minimize the death toll in the affected area, and not to prevent the disease from spreading. The office believes that the second task must be done by several related state agencies.

While we basically agree that the maintenance of public health is a common task by people living in a given area, the promotion of a healthy lifestyle is indeed the task of a specific state agency, namely, the Health Department.

The spread of any disease usually takes place in the least developed area, but it is also a fact that wherever it takes place, it will inevitably affect the nation's reputation when the disease spreads far and wide.

We sincerely hope that the authorities will handle the cholera problem in Ciamis properly so it does not have to be declared an epidemic and that we will be more active in promoting a healthy lifestyle. It is true that a healthy lifestyle is not cheap, but when we become sick, other problems in life become meaningless.

LAOS

Malaria Epidemic in Sekong

BK1312131691 Vientiane Vitthayou Hengsat Radio
Network in Lao 0000 GMT 13 Dec 91

[Text] Nearly 40 percent of people in Laman District, Sekong Province, have been afflicted with malaria virus

this year, according to the outcome acquired from diagnoses conducted by the district hospital on patients visiting the hospital and on villagers in many localities. Of the 371 persons diagnosed for the disease, 143 of them have been found to be afflicted with malaria virus.

Sekong Province is one of the highly malaria-plagued provinces in the country. A number of people in this province have already died of the disease. Therefore, it is time that public services of the province and all districts should take urgent and appropriate measures to more effectively prevent and curb this epidemic.

Over 40 Percent in Attapeu Test Positive for Malaria

BK1712105691 Vientiane KPL in English 0904 GMT 17 Dec 91

[Text] Vientiane, Dec 17 (KPL) - The malaria station of Attapeu Province has sent medical teams to 25 villages of the province to distribute tablets against malarial symptoms.

Blood tests were done for over [words garbled] people, 41 percent of whom were found positive.

The teams have also propagated preventive methods against the disease for people in different areas, improved the village malarial unit in 6 villages, and trained 15 hygienic workers in 11 villages.

Deaths of Animals in Houa Phan in 1991

BK1612024891 Vientiane KPL in English 0925 GMT 14 Dec 91

[Text] Vientiane, Dec 14 (KPL)—Nearly 20,000 head of cattle and poultry in four districts of Houa Phan Province, Siangkho, Sam Neua, Viangsaï and Houa Meuang, died of epidemics this year.

The highest affliction rate occurred in Siangkho District—2,159 head of buffaloes, 71 head of oxen, over 1,600 pigs, and over 5,000 poultry.

The director of the veterinary department said that the death of the animals in those areas was caused by the limited vaccination activities as a result of lacking technical facilities, particularly refrigerators to store vaccines, neglecting the importance of vaccination.

However, the director said, the department did not hesitate to take measures against the event. In 1991 it has cooperated with the Quakers in Laos in providing some

necessary equipment for veterinary network in the province while training nearly 70 village veterinary workers. With this effort, the death rate of animals there is expected to reduce gradually.

VIETNAM

Nguyen Khanh Attends Public Health Conference

BK0712101991 Hanoi Vietnam Television Network in Vietnamese 1200 GMT 2 Dec 91

[Text] On 2 December 1991, the 17th Conference of the Asia-Pacific Academic Consortium of Public Health was held in Hanoi. The conference was attended by delegates from 10 countries, including Australia, Indonesia, Japan, Korea, Malaysia, Nepal, Thailand, America, and Vietnam.

Comrade Nguyen Khanh, vice chairman of the Council of Ministers addressed the conference. Representatives of WHO, UNICEF, UNDP [United Nations Development Programs], Save The Children Fund of England, and many SRV ministries and offices also attended the conference.

Reporting on the development of public health in Vietnam, Minister of Health Pham Song said that since the government was formed, the health service in Vietnam has set public health targets, but Vietnam has not been able to improve the health community service as much as it wants to. At the moment, Vietnam is changing from a health service which is totally subsidized to one which is a government-assisted community health service combined with private medical practices. Therefore, some new problems have arisen and there are some issues on which Vietnam can cooperate with the consortium.

The Vietnam health service signed with the Asia-Pacific Academic Consortium of Public Health a cooperative agreement for development and training in public health.

Malaria Kills 700 People in Nghe An Province

BK0712151491 Hanoi Voice of Vietnam in English 1000 GMT 3 Dec 91

[Text] At least 700 people mainly women and children have been reportedly killed by malaria during the last nine months in mountain region in Nghe An Province, South Hanoi.

Initial reports say 17,400 inhabitants are infected, 3,300 of them gravely. Provincial health authorities had sent experienced health workers to malaria-ridden areas where they have distributed three million tablets, 335,000 capsules, and 276,000 [word indistinct] integrated mosquito nets and sprayed 8,000. [words indistinct] have been made for more than 81,000 people.

The Central Highland province of Dac Lac has also been struck by malaria.

GUATEMALA

Minister Reports Cholera Epidemic Worsening

92WE0117A Guatemala City SIGLO VEINTIUNO
in Spanish 5 Nov 91 p 6

[Excerpt] The cholera epidemic which has been affecting the country since last July has resulted in 32 deaths and infected 766 persons, according to Minister of Public Health Miguel Angel Montepeque. He announced that the Central American governments have approved joint actions to deal with and eliminate this illness from the region.

He said that the development of cholera in Central America is similar to the situation which exists in Guatemala. He emphasized that the exceptions are Costa Rica and Nicaragua, where no cases have been reported. El Salvador has had 386 reported cases, with 14 deaths; Panama has had 106, with 16 deaths; and in Honduras, only four patients have contracted the disease.

He said that at the meeting of Central American and Panamanian health ministers held in Roatan, Honduras, last weekend, joint actions to halt the spread of the disease were outlined.

When asked about the three deaths attributed to cholera which occurred on a public street, Minister Montepeque said that an autopsy cannot determine if a person has died of cholera, since a laboratory culture is needed. He expressed the belief that these deaths might have resulted from alcoholic intoxication or other causes, but not from this disease. [passage omitted]

HONDURAS

Cholera Cases Continue to Increase

92WE0115A Tegucigalpa EL HERALDO in Spanish
26 Oct 91 p 3

[Excerpts] On 25 October, during a period of less than 24 hours, the total number of cases of cholera reported in the country increased to four. This was confirmed by the Minister of Public Health Cesar Castellanos at the end of a meeting which he held at Government House with the Committee for the Struggle Against Cholera.

Castellanos stated that the first case of cholera in Honduras was confirmed on 24 October. The patient involved was Ruben Mendoza Flores, 64 years old, who lives in the village of La Laguna, Municipality of Alianza, Department of Valle.

The minister said that two persons suspected of having contracted cholera, who also live in the same area, have been confirmed to be suffering from the disease. [passage omitted]

Minister Castellanos said that some fear is being felt, due to the fact that the four cases reported have been located in the vicinity of the border with El Salvador and in neighboring villages.

He also said: "For each case which appears we have to conclude that there are 10 more cases with different

symptoms. Therefore, we should expect that 40 persons have been infected in that area."

NICARAGUA

White Fly Damages Cotton, Tomato Crops

92P40105A Managua LA PRENSA in Spanish 10 Jan 92
p 4

[Editorial Report] Managua LA PRENSA in Spanish of 10 January 1992 on page 4 reports that a white fly infestation is of great concern to small, medium, and large growers, particularly in Leon and Chinandega, where it is attacking the cotton crop. It has also spread to Sebaco where it is damaging tomatoes and other vegetables. According to the article, farmers find that nocturnal irrigation is ineffective against the insect. Evenor Madriz, of the Nontraditional Products Association, explains that other methods to control the white fly include planting "decoy crops" which attract the fly and which are then destroyed by chemicals, the use of fly paper, and the "integral pest control" system. Madriz explains that farmers have brought on the white fly plague themselves by spraying crops with heavy doses of agrochemicals. As a result the insect has become resistant to chemical control.

PANAMA

Lake Contaminated With Cholera Endangers Towns Near Capital

PA1112154591 Panama City LA PRENSA in Spanish
10 Dec 91 p 40A

[Report by Jose Quintero de Leon]

[Text] Health Minister Guillermo Rolla Pimentel said on 9 December that Bayano Lake, in the Chepo district, is contaminated with cholera.

This situation poses a serious threat to public health in the densely populated areas of Chepo, Pacora, San Miguelito, and even the capital, Panama City, as the cholera epidemic continues to expand outside the Darien Province.

Rolla Pimentel blamed the cultural practices of the Kuna Indian population in Ipeti. That community has contaminated Bayano River with body wastes. Consequently Bayano Lake, which supplies the Bayano Hydroelectric plant, has been contaminated as well.

In light of the serious risks involved, Rolla Pimentel warned the residents surrounding Bayano Lake not to drink from, bathe in, or continue to excrete in the lake, otherwise the cholera cases will continue to multiply.

The health minister also asked the Kunas who do not reside in Ipeti to talk to the Sahilas [Kuna Indian chiefs] about the need to change their habits and stop contaminating the lakes and rivers.

Up until now, the number of deaths due to the cholera epidemic totals 23; there have been 938 reported cases of cholera.

VENEZUELA**Health Minister Reports First Cholera Case in Country**

*PA0612170091 Madrid EFE in Spanish 0751 GMT
4 Dec 91*

[Excerpts] Caracas, 4 December (EFE)—Venezuela's isolation from cholera ended this week when the first case was reported in the oil city of Maracaibo in the northwest region near the Colombian border.

Health Minister Pedro Paez confirmed on 3 December that an infected Colombian truck driver, who arrived from Barranquilla (Colombia) last weekend, brought the disease to Venezuela.

Paez explained that the truck driver had eaten raw oysters before beginning his trip and had cholera symptoms when he arrived in Maracaibo, where tests confirmed that he had the disease.

After the cholera outbreak in Peru, Venezuelan health authorities launched an intensive preventive campaign through the media. This campaign was aimed at delaying the spread of cholera to Venezuela, since it was assumed that the disease eventually would enter the country. [passage omitted]

Paez reported that the truck driver was treated at Maracaibo Central Hospital and allowed to return to his hotel after he recovered.

Paez said it was imperative to continue the preventive measures because the detection of one case does not mean that Venezuela's isolation from the disease has been irrevocably broken. [passage omitted]

INDIA

Significant Breakthrough in Amoebiasis Detection

92WE0139 Calcutta THE TELEGRAPH in English
2 Oct 91 p 4

[Text] New Delhi, Oct. 1—In a significant breakthrough, Indian scientists at the National Institute of Immunology (NII) have developed a test for detecting amoebiasis, a common protozoal infection which affects 25 percent of the Indian population and is quite often fatal.

The NII has also developed indigenous Anti-A and Anti-B monoclonal antibodies for establishing blood groups. Till now an expensive serum was being imported for this test and once the indigenous test replaces it, India could well save up to Rs 2 crores foreign exchange annually.

Priced at Rs 35 each, these two tests will be launched by Cadila Laboratories Ltd on Friday. Till now, there was no test in the country for amoebiasis and it was diagnosed by a tedious and time-consuming process in laboratories which would ask for the patients stool for microscopic examination.

It is the kit for detecting the invasive variety of amoeba, *disenteriae*, which will be released at present and the kit for detecting amoeba of the intestinal tract will follow in a few months time.

Amoebiasis is a common protozoal infection which occurs globally but its incidence in India is higher than the world average. It afflicts nearly 150 million Indians every year and is caused by the parasite *Entamoeba histolytica*. This parasite enters the body through the oro-faecal route and usually colonises the caecum or colon, but often spreads to the liver, leading to amoebic liver abscess.

The Dot-Amoeba (invasive) Dipstick kit is a simple enzyme based dipstick method that helps in quick detection of anti *E. histolytica* antibodies in the serum of patient suffering from invasive amoebiasis. The appearance of a blue dot on the dipstick confirms the presence of anti *E. histolytica* antibodies. Visual interpretation of results avoids the use of a spectrophotometer. The entire test takes only 35 minutes and can easily be carried out. The personnel conducting it do not have to be highly skilled.

Addressing a press conference, the founder director of the NII, Prof G.P. Talwar, said the first kit for the detection of amoebiasis was developed five years ago, but it had to be tested and evaluated before it could be marketed. Tests were carried out in the Soviet Union and the All-India Institute of Medical Sciences (AIIMS) in New Delhi and the PGI, Chandigarh.

The task of scaling up the products from the research level to industrial level was made possible by the scientists of Cadila Research and Development which paid huge amounts to the NII and will also pay royalty for the tests for 10 years.

The credit for developing the amoebiasis detection and blood group tests go to three young NII scientists: Mr. Manoj Dharma, Mr. B. Arunachalam and Ms. Sangeeta Bhaskar.

Tuberculosis Still Uncontrolled in Rajasthan

92WE0131 New Delhi PATRIOT in English
10 Oct 91 p 2

[Text] Jaipur, Oct 9 (PTI)—Even after 25 years of the national TB control programme tuberculosis continues to be "endemic and uncontrolled" in every district of Rajasthan.

Poor patient compliance, outdated supply and distribution of medicines are the main reasons for its recurrence in the desert state, an official report of the Directorate of Medical and Health Services (DMHS) said.

The death rate due to tuberculosis at the indoor patient department in the Government hospitals was 4.2 percent in 1985 as against 3.4 percent in 1974.

More Encephalitis Cases in Uttar Pradesh

92WE0130 New Delhi PATRIOT in English
21 Oct 91 p 5

[Text] Gorakhpur—With 15 more deaths reported in the last 24 hours, the total deaths due to encephalitis reached to 388.

According to an official report maximum deaths of 185 were reported from Deoria district. There were 93 deaths in Maharajganj.

New Type of Hepatitis in Epidemic Form

92WE0128 Madras THE HINDU in English
1 Nov 91 p 29

[Article by M. Prakash]

[Text] Madras—A new type of jaundice caused by the hitherto little known hepatitis C and E viruses is found to be in epidemic form in the country. Besides hepatitis A and B viruses, commonly found in India, the discovery of new varieties of viral hepatitis has caused concern in medical circles, according to Prof. S.P. Thyagarajan, Director, Dr. A.L. Mudaliar Post Graduate Institute of Basic Medical Sciences, (ALM PGIBMS), Taramani, Madras.

In an interview Dr. Thyagarajan said western virologists had discovered three more hepatitis viruses known as C, D and E in the Third World countries as also in Western countries besides the commonly found A and B viruses. Of them, virus C infection caused by blood transfusion owing to improperly sterilised syringes and IV fluid preparations and virus E caused by water contamination were more common in India, he said.

Hepatitis A and B had been controlled to a large extent in Western countries owing to steps such as protected water supply and proper blood screening procedures before blood transfusion. The scare created by AIDS in mounting vigorous efforts on proper blood transfusion had also indirectly helped in the control of hepatitis B, a blood-associated jaundice. Hepatitis A is caused by contaminated water, he said.

ODA (British Overseas Development Authority) Grant

A Rs.40 lakh grant has been provided by the ODA to the Department of Microbiology of the Institute to study the prevalence of the new hepatitis viral agents in India along with the All-India Institute of Medical Sciences (AIIMS) New Delhi. Initiated under the Indo-U.K. link project of the British Council in collaboration with the renowned Dr. Zuckerman of the Royal Free Hospital, London, the research programme would help identify the factors responsible for the epidemic, he said.

"Water-borne jaundice is not fatal but blood related jaundice could be fatal. The research has shown that hepatitis E is more common in India and in south-east Asian countries than in the West. The Institute is now studying the rate of occurrence of the new types of jaundice, mode of transmission, and severity of liver diseases brought about by the virus," he said.

Superinfected

It had been reported that most of the people infected with hepatitis A or B viruses in India had also been superinfected with the new viral agents and in such cases the mortality rate has been found to be higher depending on the onset of the infection.

The study showed that in India about 10 percent of the people were suffering from hepatitis A virus infection, 40 to 50 percent from B virus and 30 to 40 percent from E virus with no statistics available on the hepatitis C and D viruses. Hepatitis E virus did not stand by itself, but only with hepatitis B viral agent, he said.

Indian Medicinal Plant

The Institute was also involved with another U.K.-assisted project which was on the final stage of testing the efficacy of Indian medicinal plant, *phyllanthus amarus* (keezhanelli) in treating hepatitis B carriers in collaboration with Dr. Eric Walker of Ruchill Hospital, Glasgow. Earlier study conducted by the Institute in association with the Nobel laureate Dr. Blumberg of the U.S., had confirmed that the medicinal plant had wonderful properties in inactivating hepatitis B virus.

Now the study had found that the plant had been very useful in treating human carriers of hepatitis B virus. "Research has confirmed that some people carry the virus in them owing to some immunological defects without actually suffering from the disease. The percentage of such people varies from one to 20 from country to country.

In India at least five percent of the population has been suffering from the disease which has characteristics similar to those of AIDS—it can be transmitted through semen, saliva or through blood transfusion. The virus can be dormant for 10 to 15 years before cirrhosis or primary cancer is developed.

Simple blood test: A simple blood test known as HbSAG (Hepatitis B surface antigen) test can reveal the presence of virus in the body. Such tests should be made mandatory for blood donors, he said.

The in-built infection could be controlled by preventing the mode of transmission of virus or reservoirs of disease and preventing the human carriers from developing complications. There was no treatment for the disease throughout the world for successfully removing the virus from the body.

In the U.S. a drug made of a synthetic chemical known as interferon which was highly toxic and prohibitively costly had been used with some degree of success. But the Indian medicinal plant had found to be extremely effective in treating carriers.

Dr. Thyagarajan who took over as Director recently said that to assess the qualities of the medicinal plant the Institute has recently acquired high precision chromatography and ultra-centrifuge equipment.

Incidence of Diabetes Found on Increase

92WE0127 Madras THE HINDU in English
4 Nov 91 p 3

[Text] Madras, Nov 3—Recent studies conducted by the Diabetes Research Centre at Royapuram here have revealed that the incidence of diabetes among people especially in urban areas is around five percent.

There has been an increase in the incidence during the last 20 years and Indians as an ethnic group have a high risk of developing diabetes. This susceptibility might be a genetic factor. According to a conservative estimate, about 20 million people in this country have this disease.

Dr. A. Ramachandran, Deputy Director of the centre addressing a conference here on Sunday, said more than 67,000 patients had registered themselves with the M.V. Hospital for Diabetes.

The Centre was now concentrating on preventing the disease. It advised the children of the diabetic patients that by diet control and regular exercise, the disease could be postponed, if not avoided.

Dr. Ramachandran said nearly 9,000 persons whose both parents were diabetics and about 16,000 persons with either of them having the disease had registered with the Centre. With the blood samples taken from these persons genetic studies were being conducted. For this, the centre was having collaborative projects with several research organisations and universities in the United States, the United Kingdom and Australia. The emphasis was on segregating the gene responsible for diabetes. If a breakthrough was achieved, it would be possible to cure this disease.

The research conducted by the institution proved that a high carbohydrate diet restricted in calories not only achieved good control of diabetes but also was acceptable to patients. This meant those who took rice as a staple diet could continue to consume it. Addition to vegetables, legumes and pulses increased the dietary fibre which helped control diabetes better and reduce cholesterol.

With a view to creating an awareness among the rural people, a team of doctors from the centre visited villages and gave lectures on the causative factors and how the disease could be controlled.

The addition of a computer network modernised all services in the hospital. A new research building with sophisticated equipment would be constructed at a cost of Rs. 60 lakhs.

The 37th anniversary celebrations of the hospital and research centre is to be held on November 10. The Health Minister, Mr. S. Muthusamy, would preside. Mr. D. Jayakumar, Minister for Forest and Fisheries, and eminent persons in medicine and other fields are expected to attend.

Cancer Said To Threaten Kerala Fisheries

92WE0129 Bombay *THE TIMES OF INDIA* in English
25 Oct 91 p 9

[Text] New Delhi, October 24—Kerala's inland fisheries sector was threatened with the rapid spread of a disease in the rivers and backwaters of the state, said Mr. Thomas Kocherry, chairperson, National Fishworkers' Forum (NFF), at a news conference here yesterday. He stated that 45,000 fishermen were dependent on this sector.

A memorandum demanding immediate intervention by the Central government was given to Mr. Balam Jakhar, agriculture minister. Mr. Kocherry said the state government was acting in an ad hoc manner in the issue.

Scientists in Kerala believe the disease may be caused by the heavy use of pesticides in the paddy fields. A similar disease struck fish in the Brahmaputra valley in Assam three years ago, probably due to pesticides used in the tea gardens. Mr. Kocherry said an Indo-Dutch study this year on pesticide pollution in Kuttanad waters in the state indicated that it had triggered off the disease, causing large-scale death of fish.

Called "cancer of the fish" by the natives, the epizotic ulcerative disease syndrome is believed to have appeared after the monsoon during June-July this year.

IRAN

Official Details Tuberculosis, Malaria

92WE0152Z Tehran ABRAR in Persian 18 Nov 91 p 3

[Excerpts] Dr. Cheraghchi, general manager of the Ministry of Health Care, Treatment, and Medical Education's Anticontagious Disease Office, said: There has been a striking decrease in the spread of contagious diseases in the country compared to the years before the triumph of the Islamic revolution.

He said: Malaria has now been confined to five municipalities in the southern part of the country; 90 percent of the malaria patients are in Bandar 'Abbas, Minab, and Chah Bahar in the province of Sistan va Baluchestan and in Kohnuj in the province of Kerman. The rest are in other parts of the country.

He said: To fight malaria in these areas a strike project has been prepared that will cost 30 billion rials, which will take eight years, and when implemented, this disease will be completely under control in the country. [Passage omitted]

The general manager of the Anticontagious Disease Office then discussed the tuberculosis situation in the country. He said: In this regard the country is divided into three regions.

In some areas the statistics are quite low, and in some areas we have a relatively good situation, and also in some areas one in 1,000 persons has tuberculosis. To fight that, a national antituberculosis commission has been formed.

IRAQ

Hospital Official Cited on Increased Respiratory Diseases

JN0312111591 Baghdad INA in Arabic 0755 GMT
3 Dec 91

[Excerpts] Baghdad, 3 Dec (INA)—The ratio of respiratory system infections among Iraqi children has registered a remarkable increase as a result of malnutrition, plus medicine and vaccine shortages.

During November, the number of these infections rose to 123, compared with 53 [figures as received] for the same period last year.

In a statement to the newspaper AL-JUMHURIYAH published today, Dr. Rifah Salam 'Aziz, director of the al-Mansur Pediatric Teaching Hospital, expected an increase in the ratio of those suffering from malnutrition, severe pedatrophly "kwashiorkor," polio, whooping cough, and measles, which had previously been under control. These diseases have begun to spread on a large-scale among children, she noted. She also noted an increased ratio of those suffering from communicable diseases such as typhoid and paratyphoid over the ratio for similar infections reported in previous years. [passage omitted]

The hospital director noted that the diseases which are currently widespread among children are respiratory diseases such as "bronchitis, throat infections, bronchial asthma, pharyngitis, and tonsillitis."

Officials on Rising Death Rate, Epidemics in Maysan, Diyala

JN0912154791 Baghdad AL-JUMHURIYAH in Arabic
7 Dec 91 pp 8, 2

[Article by Faruq Hamdi and Adib Abu-Nuwwar]

[Text] Maysan, Diyala—Citizens of Maysan, who number more than 1 million, have been suffering from aches, pains, hunger, illness, and thirst as a result of the unjust blockade imposed on them. This in turn has led to the death of many children, women, and elderly people because of malnutrition; lack of medicine; power cuts; the destruction of water facilities; the deteriorating living standards of many citizens due to unemployment; the stoppage of factories and private businesses; the lack of alternative equipment and raw materials, which were destroyed by the unjust 30-state aggression against Iraq; and the refusal to allow the importing of alternative materials to restart these factories.

Dr. Salim al-Sa'idi, director general of the Maysan Health Department, has said that the death toll among children, sick women, and the elderly has doubled on account of malnutrition, the overall lack of medicine, and the lack of equipment for surgical operations, especially for those infected by epidemic illnesses such as cholera, typhoid,

and viral hepatitis. These epidemics have risen some five to six times, compared to last year's infections, as a result of the worsening environmental situation in the governorate. He pointed out that the rising death toll among citizens following surgery is attributed to the lack of anesthesia and the triple vaccine, as well as the vaccine against measles; the lack of washing equipment as well as artificial kidney equipment; and the failure of important medical equipment since alternative spare parts are non-existent. This has resulted in the cessation of activity at many health and medical facilities.

The chief of the Maysan Water and Sewage Department said that most of the water purification plants have broken down, and other plants have completely shut down due to lack of sterilization materials, such as chlorine, alum, and purifying powder. Many citizens in the governorate are suffering from diseases resulting from drinking contaminated water. He noted that a number of citizens are suffering from dehydration, because their share of fresh water is quite small due to the stoppage of the water purification plants, because of the nonexistence of spare parts to operate water reservoirs that supply villages and rural areas with water. This is the result of the unjust blockade imposed on Iraq. He added that Iraq is not allowed to import replacement equipment for that damaged by the 30-state aggression and by the acts of treason that were committed after the aggression.

The death toll among children in the Diyala Governorate has also increased as a result of the unjust blockade imposed on Iraq. Dr. Majid Husayn al-Hassun, who is in charge of the Infants Ward and Technical Section at Saddam's Maternity and Infants Hospital in the Diyala Governorate, said that the medical situation has deteriorated to the extent that three children died in one week from snake bites since it was impossible to treat them with the anti-ophidic serum, which was not available. Many people suffering from amoebic dysentery have been admitted to the hospital because of weak resistance resulting from malnutrition, which causes emaciation. The main cause of this emaciation is a lack of protein, which means lack of milk and baby food.

Doctor Reports on Mysterious Children's Disease

*AU0412150391 Vienna DER STANDARD in German
4 Dec 91 p 4*

[Report by Erhard Stackl: "Mysterious Deaths in Iraq"]

[Excerpt] Vienna—"We have discovered a heretofore unknown disease in the surroundings of Baghdad," Siegwart-Horst Guenther, a German doctor and epidemiologist, says in an interview with DER STANDARD. "This disease causes extreme accumulation of liquid in body cavities, which is due to toxic changes in the liver," Professor Guenther, 66, reports and presents a number of photographs of children with extremely bloated bellies. "They die after a few days, just like the children who suffer from leukemia, whose number has also strongly increased recently." In Iraq it is said that the reason for the disease is "environmental pollution." Professor Guenther's explanation: "Just like other states, Iraq, too, had a special

weapons program." As a result of the bomb war, facilities for the production of nuclear, chemical, or biological weapons might be leaking and might have contaminated the surroundings, "just like in Chernobyl." [passage omitted]

Professor—'A Serious Disease' Kills 140,000 Children

*JN0912135091 Amman SAWT AL-SHA'B in Arabic
9 Dec 91 p 5*

[Article by Nayif al-Ma'ani]

[Excerpt] Austrian Professor Guenther, representative of the international Austrian Albert Schweitzer Organization, has warned the world of the danger of continuing the inhumane blockade imposed on Iraq. In a statement to SAWT AL-SHA'B while en route to Baghdad on the sixth humanitarian mission to present milk, medicine, and food to the various Iraqi hospitals, the Austrian professor said: The medical situation in Iraq, particularly among children, has exceeded the red line. A serious disease, which he denied to disclose, has so far resulted in the death of 140,000 Iraqi children.

Professor Guenther appealed to world organizations to intervene immediately to stop the blockade, particularly on medicine, medical supplies, and food, because of the severe shortage of these items. In addition, Iraqi hospitals are lacking basic medical facilities.

The Austrian professor added that his organization had transferred 10 Iraqi children to Berlin hospitals for treatment. The organization is now preparing to transfer 40 children for treatment in Austrian hospitals, he said. [passage omitted]

Hospital Operating Theater Shut Due To Lack of Anesthetics

*JN1012104191 Baghdad INA in Arabic 0835 GMT
10 Dec 91*

[Text] Maysan, 10 Dec (INA)—The operating theater in the Saddam General Hospital in the city of al-'Amarah, capital of Maysan Governorate, 350 km south of Baghdad, has been closed because the anesthetics used in surgical operations have run out.

Citing Dr. Salim al-Sa'idi, head of the Maysan Health Department, the newspaper AL-THAWRAH said today that the depletion of the anesthetics used in surgical operations has caused a rise in the number of deaths in the hospital and created complications in patients' conditions.

The doctor said that 550 children and elderly people have so far died because of the economic blockade and the shortage of medicine and medical materials. Three hundred of these are children below the age of five.

He said that thousands of newborn infants are suffering from malnutrition and that epidemics have spread in the governorate as a result of the deteriorating environmental situation. The shortage of culture materials has reduced laboratory resources pertaining to clinical tests and examinations.

Doctors Urge Vaccination Against Resurgent Diseases

91WE0263A Moscow IZVESTIYA in Russian
8 Feb 91 p 3

[Letter signed by USSR Academy of Medical Sciences Academician N. Nisevich; Professor V. Tatochenko, director, infection clinic, USSR Academy of Medical Sciences Pediatrics Institute; Professor Ye. Lakotkina, director, immunization reaction clinic, Leningrad Institute of Children's Infections; Doctor of Medical Sciences V. Braginskaya; Professor M. Gasparyan; Senior Scientific Associate A. Sokolova, USSR Academy of Medical Sciences Pediatrics Institute; N. Ozeretskovskiy, director, postvaccination complications laboratory, GISK imeni L. A. Tarasevich; Senior Scientific Associate E. Gurvich, laboratory of postvaccination complications, GISK imeni L. A. Tarasevich; Senior Scientific Associate S. Aleksina, laboratory of postvaccination complications, GISK imeni L. A. Tarasevich: "What Threatens the Health of Our Children"]

[Text] The reason for our appeal to you is that some infectious diseases threatening the lives of children are continually growing in the country. Diphtheria is one of these diseases.

Just in Moscow alone, 74 children fell ill in 1990, with three of them dying. All of these children either did not receive immunizations, or their course of immunizations had not been completed. The cause in the overwhelming majority of the cases was refusal by the parents.

The fact is that some mass media have been waging a campaign against immunizations in recent years. The principal "culprits" are people who are not doctors, who have never seen a child die of diphtheria, and who are unacquainted with the fact that diphtheria immunizations are given in other countries.

A wrong interpretation given to an admission by a poorly qualified physician—that AKDS [combined whooping cough, diphtheria, tetanus] vaccine contains a very small quantity of the mercury compound merthiolate—served as the grounds for "announcing a general alert." But first of all, we know that substances change their properties in compound form. And the words "compound of mercury" should elicit an association with the harmfulness of mercury itself only in the mind of an ignorant person. No, according to international expert data the toxicity of merthiolate is extremely low, and it has no influence of any sort on development of the child and its genetic apparatus. Vaccine produced in the USA, Canada, Great Britain, France and Japan contains the same amount of this substance as our vaccine. And ours is of high quality, as was demonstrated by numerous tests regularly conducted by the World Health Organization in different countries.

The tactics of the immunizations and their schedule were developed by WHO, and they are approximately the same in the USA, Sweden and our country. In the USA, around 95 percent of all children are protected with AKDS immunizations (against whooping cough, diphtheria and tetanus), and in 1989 only three children fell ill. In our country on the other hand, we have not been able to immunize

more than 30-40 percent of children up to 1 year old with AKDS in a number of regions for several years. And in 1989 852 persons caught diphtheria in our country. We can't say how these figures affect you—3 and 852. But to us it's a real disaster signal: "Help!", our children cry to us.

We understand that in many cases immunizations are refused because of a child's allergy. But lighter immunization schedules are created for this event, and rather than receiving AKDS vaccine, children are immunized with ADS-M anatoxin. Sober voices have spoken up in the press, including in your newspaper. As an example, England's experience has already been discussed. Whooping cough immunizations were stopped there in the 1970s. An epidemic occurred, and the immunizations had to be quickly resumed.

We are obviously more inert. It was easy to stop immunizations. It is harder to understand our mistake and return to the right path. It is interesting that the fear of complications, which has spread like rings on water, has also affected polio immunizations. They, by the way, produce almost no temporary negative reactions, and they are tolerated well. But when reason does not prevail, this no longer works as an argument. Such that in terms of the number of children stricken with polio, we have now taken a sorry and shameful first place in Europe. This is in the country that created the world's first ready-to-use polio vaccine, and which is producing it without a single interruption!

Nonetheless we would like to appeal once again to the reason of parents and the responsibility of doctors. We feel that the stubbornness of authors arguing that we should stop vaccinations is not something to be commended. This does not mean that there are no problems in preventing infectious diseases. Scientists are constantly working on the quality of vaccines and on the creation of new ones. We feel that it is time to also raise the issue of legal protection in the case of incompetent actions by medical personnel, and of compensation for damage to a child's health.

We do not oppose debate, we do not oppose discussing all of the pro's and con's. But we feel that as long as we are talking about the lives of children, the participants of this debate should be, first of all, competent in what they are discussing, and especially in what they are proposing.

Diphtheria in Ukraine

Full-Fledged Epidemic

91WE0278A Kiev KOMSOMOLSKOYE ZNAMYA
in Russian 6 Mar 91 p 2

[Article by Igor Karpenko: "Diphtheria in the Place of AIDS"]

[Text] The diphtheria epidemic continues in Kiev. According to the latest information, there have been 3 recorded cases of death, and 120 suspected cases. Viktor Onishchuk, chief physician of the municipal sanitary and epidemiological station may be another indirect victim of the epidemic.

According to Onishchuk, the outbreak was caused by wholesale infraction of rules for giving inoculations, as well as refusal of many parents to allow the injections. But the natural desire to protect children against AIDS and side-effects of Soviet vaccines leads to tragedies in some cases.

The situation is also aggravated by the concurrent influenza epidemic, which is also expanding for the time being. Although this is a customary illness for us, it is nonetheless not really more desirable. In addition to the above causes, in the opinion of the chief physician it is caused by the poor efficacy of domestic flu vaccines.

According to Onishchuk, the sanitary and epidemiological station had reported the danger upon appearance of the first symptoms. However, drugs and disposable syringes were furnished only now, when there is a full-fledged epidemic.

At the present time, a refrigerated truck is on its way to Kiev from Moscow with all the necessary supplies. Additional batches are coming from Vinnitsa and other oblasts of this republic. Perhaps this will help cope with the epidemic; however, it will apparently not save our chief physician. It has been suggested that he apply for retirement.

Vaccination Urged

91WE0278B Kiev *RABOCHAYA GAZETA* in Russian
1 Mar 91 p 4

[Article by L. Khazan, correspondent of department of social problems, under the rubric "Attention: Epidemic": "Get Vaccinated if You Can!"]

[Text] Diphtheria has been raging in cities and villages of our republic since early January. But it is only in the last few days that rumors of its rapid spread began to alarm the residents of our capital.

I phoned the republic's Ministry of Health. The secretary in the reception office answered my question willingly:

"Oh, I feel so sick. I was vaccinated last night, and now I feel as if I were immersed in water. But don't worry, just get a vaccination as soon as possible."

I wondered why I obtained such valuable information by chance? Why had no one suggested vaccination before either at work or at home? Nor had anything been said about this in the schools that my children attend.

Yet, as I learned, there have already been 219 recorded cases of suspected diphtheria. They included 167 adults and 52 children. The diagnosis was entirely confirmed in 72 cases.

As declared by the deputy chief of the board for health protection and improvement of the Ukrainian Ministry of Health, Angelina Viktorovna Moiseyeva, the situation is worst in Kiev where almost half of all cases were found. The update is sad: twelve people in this republic expired of diphtheria, 3 of them children. There were three deaths in Kiev.

The problem with detecting diphtheria is that it resembles a sore throat at the early stages. However, diphtheria

subsequently involves complications that could lead to death. Like the flu, diphtheria is an airborne and droplet infection. So that one should avoid being next to someone who is coughing and sneezing.

Khazan: What is the cause of the diphtheria outbreak?

Angelina Viktorovna believes that "It is mainly due to the fact that many people refuse DPT shots. Much had been written, including items in the special literature, in recent years about the harm of these inoculations due supposedly to the absence of good vaccines. However, I can assure you that our products meet all the requirements of the World Health Organization. Complacency and disregard for the danger have resulted in a situation where 90 out of 100 people refused vaccination in some areas. The critical mass was reached and one did not have to wait for the explosion."

Khazan: Apparently, another reason is that people are afraid of any injections due to the absence of disposable syringes?

Moiseyeva: Unfortunately, this factor also played its part. The situation is indeed bad with respect to syringes. The republic needs 1 billion disposable syringes per year. In actuality, the requisition is met to only 15 percent. The Extraordinary Epidemic-Control Commission under the Ukrainian Council of Ministers has asked all administrators of enterprises and organizations that have hard currency to purchase disposable syringes.

Khazan: What steps is the ministry of health taking in connection with the diphtheria epidemic?

Moiseyeva: Two specialized hospitals have been deployed in Kiev. One is based at the 15th Hospital to which patients with severe forms of sore throat, among whom there could be some infected with diphtheria, are referred. The second is based at the Oktyabrskaya Hospital, where patients with confirmed diagnosis are admitted.

The main thing now is to give inoculations. Such categories of the public as those employed in commerce, public catering, pedagogy have already been vaccinated. This is why the incidence of diphtheria among them is considerably lower than in other categories. Students are next in line.

Khazan: What about the unorganized categories of people?

Moiseyeva: Anyone who comes to medical units on the job or rayon polyclinics should be vaccinated right away upon request.

Khazan: But, as before, people are more afraid of AIDS than diphtheria....

Moiseyeva: We have instructed all medical institutions to use disposable syringes for this purpose. In Kiev, 640,000 syringes have been furnished specially for this, but thus far 200,000 have been used. We still have a good reserve.

Khazan: Don't the shots we received in infancy provide immunity for life?

Moiseyeva: No, vaccination against diphtheria must be repeated every 10 years.

Khazan: What is your forecast about development of the epidemic?

Moiseyeva: Unfortunately, it is not comforting, judging by the rate of its spread. Moscow suffered a diphtheria epidemic mainly in the second half of last year. For some reason, little was known about it. The epidemic began there some time in mid-summer. It reached a peak in November. There were more than 700 victims and 17 deaths. At present, my Moscow colleagues say that the situation is stabilized.

I believe the peak has not yet been reached here. There is a concurrent flu epidemic, which complicates the overall picture.

And so, the conclusion is to get vaccinated. The sooner, the better. Judging from the entire situation, nothing else can spare us from another disaster.

Seven Hundred Diphtheria Cases in Moscow, 150 in Ukraine

91WE0265A Kiev PRAVDA UKRAINY in Russian
6 Mar 91 p 3

[Article by Ukrainian SSR Deputy Minister of Health Vladimir Shestakov, Ukrainian chief state public health physician: "Diphtheria: Recognizing the Danger"]

[Text] Ukrainian SSR Minister of Health Yu. P. Spizhenko has already communicated twice in our newspaper on diphtheria outbreaks. The minister emphasized the extreme importance of measures to prevent and promptly reveal diphtheria. The situation in the republic remains tense today as well. PRAVDA UKRAINY once again returns to this acute problem at the request of the Ukrainian SSR Ministry of Health.

The situation regarding the spread of diphtheria and the opposition being offered to this dangerous infection is becoming so alarming that we need to cite the facts and figures without holding anything back. Here is how the picture looks today. Over 150 diphtheria patients were registered in the Ukraine by the end of February. Many of these patients were revealed in Kiev, while on the whole, diphtheria cases have been detected in 20 oblasts of the republic. Some persons have become its victims. Infection foci have been registered in eight oblasts—that is, a chain of infection has arisen. For comparison let me say that in 1989 we had 49 cases of diphtheria. The increase is consequently obvious. Considering that 700 cases of diphtheria were registered in Moscow alone, with 27 of them ending in death, and that this number can grow significantly, we are doubtlessly talking about a severe epidemic situation. There are also data cited quite recently by the World Health Organization (WHO) regarding the European continent. Diphtheria was registered in only nine European countries at the turn of this decade. Moreover the USSR occupies first place among them in the number of illnesses, followed by Turkey, Albania, Romania, Italy and Portugal. If we look the truth in the eye, we are forced

to recognize that there has been a serious failure in the country in preventing this infection.

What happened? A well organized immunization system operated for decades in the Soviet Union, including the Ukrainian SSR. The combined vaccine AKDS, which ensures simultaneous protection against whooping cough, diphtheria and tetanus, or some other variants of the vaccine were employed. But then the campaign against immunizations began. Mercury toxicity was ascribed to AKDS by the mouths of incompetent persons, and many certainly remember the article about this in KOMSO-MOLSKAYA PRAVDA, which frightened away thousands of people and, it seems to me, did a great deal of harm. A merthiolate preservative based on a mercury compound is in fact used in order to increase the vaccine's stability. However, given the dose and the variant of the compound used to make the vaccine, it is absolutely safe, and it is the international standard. To be frank, propaganda against AIDS also threw oil on the fire. In general, people prefer to avoid shots. But when it comes to immunizations against diphtheria, there can be no choice. Naturally they must be administered with disposable syringes to the greatest degree in this case. Incidentally, 95 percent of children in the USA are protected against diphtheria. The World Health Organization is asking everyone to consider the experience of this country. WHO's priority objective is to have 98 percent of children up to 2 years old in Europe, where the outbreak occurred, given such immunizations, and to modify the immunization calendar in most countries.

When it comes to the population of the Ukraine, activating such measures and, if you will, making a powerful counterattack against diphtheria is also a direct concern of each of us. And here is why. Approximately half of the republic's inhabitants, research showed, do not have sufficient immunity against diphtheria (such insusceptibility is formed by only one way—active immunization). There are still more unprotected persons in places of outbreaks—70 percent. At the same time 14,000 children remained unvaccinated in 1989 just in Crimean, Odessa, Rovno, Sumi and Chernigov oblasts and in Kiev. Approximately the same kind of breaches also exist in the antidiphtheria defenses of other regions; moreover, the figures increased in the 1990s.

In this connection we believe that there can be no delay. Moreover the degree of danger must be recognized not only by doctors but by all citizens. The immunization calendar must be observed unflinchingly, beginning with the youngest age group. Public health is also undertaking additional energetic steps. Considering the signs of epidemic, a second planned vaccination of first and second year students will be carried out in place of the standard vaccination at 9 years of age, and the third revaccination will be carried out at 14 years instead of the standard 16.

We know that diphtheria is a serious illness affecting the heart, kidneys and other organs. It is predominantly adults that typically die of catastrophic intoxication. In other words what we have today is not at all the classical

"children's infection." This is why it is so important to hospitalize anyone falling ill as early as possible.

Now about an unusually important point. Diphtheria begins and runs its course with angina phenomena, or it is masked by nose and throat inflammation and disease. Consequently we need to approach such illnesses with extreme caution. In order that not a single case of diphtheria would be passed over, subjecting persons with such ailments to preventive hospitalization has been proposed. First of all this measure would increase the protection of children up to 14 years old, vocational-technical school and college students, and persons living in dormitories and in socially unfortunate families.

I would like to emphasize that the republic has developed and is undertaking a clear system of measures to raise the readiness of medicine to fight diphtheria. The plan has been written out in detail, and each point in it is scientifically substantiated. It calls in particular for an immediate review of the lists of children, adolescents and adults with medical excuses for not being immunized. The fact is that modern methods and preparations make it possible to immunize practically everyone, and when necessary, in the hospital.

When disease is suspected, the recommendation is to administer antidiphtheria serum within the first hours, without waiting for the results of laboratory tests run to reveal diphtheria agent. Tests of this sort will be run around the clock.

Nonetheless concentrating the potential of public health on repelling this new invasion by diphtheria and maintaining constant control over the situation are only half the battle. A turning point can be reached only if people do not remain indifferent to this frank discussion of impending misfortune. It must be recognized that immunization of the population on a broad basis affects not only the health of each individual but also the welfare of his family, children and friends. It is precisely this sort of attention which I would once again like to encourage readers to maintain. And some more good advice: If you get a sore throat, under no circumstances should you treat yourself. This infection is continuing its onslaught, after all: Today it may try to slip through under the cover of influenza and other acute respiratory diseases. We cannot allow people to die prematurely in the 1990s, in a time when science and public health have the means to fight the disease. Stopping diphtheria and returning to the lines of dependable protection are of course direct responsibilities of medicine. But we will be able to implement effective measures in controlling the disease only if we work together. This is why I ask you to carefully read this article and tell other people about it. Remember that universal immunizations were what brought about the elimination of smallpox. Can we neglect this life-saving strategy now that diphtheria is on the rise? The alarm signal is much too serious.

Flu in Belorussia

91WE0262A Minsk SOVETSKAYA BELORUSSIYA
in Russian 27 Feb 91 p 4

[Interview with physician-epidemiologist Raisa Stepanenko by BELTA correspondent: "Influenza Attacks Again"]

[Text] A new epidemic of influenza and acute respiratory diseases is rolling over the republic. According to a report from the republic's Hygiene and Epidemiology Center, the seasonal morbidity level has already been exceeded by four times in Minsk and Mogilev, five times in Gomel and eight times in Soligorsk. Almost 60 percent of the sick are children up to 14 years old. Physician-epidemiologist Raisa Stepanenko comments on the situation.

Stepanenko: Influenza has gone over to the offensive in many regions of the country. Morbidity indicators in Belorussia differ little from union averages. Nor is there anything unique about the disease course here. As a rule the virus does not manifest itself very actively, but fighting it requires persistence and care. Consequently I advise against self-treatment—it would be better to go to a doctor right at the first signs of illness.

Correspondent: But what can doctors do to help if the pharmacies are almost empty?

Stepanenko: The epidemic was not a surprise to us. We prepared for it, we created the necessary reserves of anti-influenza drugs. They are now being moved to store shelves from the warehouses. But they can be purchased only with a doctor's prescription. The shortage of medicines dictates its own conditions, and unfortunately there is no possibility of putting that same interferon up for sale over the counter.

One last thing. The danger of catching influenza or acute respiratory disease can be decreased by many times if you do not forget to take preventive measures. Here are some of them. The body has a special need for vitamins in late winter. Try to have fruits and vegetables in your diet—even canned ones will do. Air your apartment, shop or office regularly. Think about whether it is really necessary for you and your children to go to movie theaters, concert halls and other crowded places these days. Perhaps it might be better not to risk your health?

Flu Epidemic

91WE0253a Moscow TRUD in Russian 12 Mar 91 p 4

[Article: Flu: An Epidemic Spreads]

[Text] ARKHANGELSK—Vacations will begin in Arkhangelsk schools substantially earlier than usual. This has been brought about by the fact that a flu epidemic has spread here. According to the data of local medical workers, as many as 10 thousand individuals are becoming ill daily. The maximal peak of such illnesses, 8 thousand individuals, was recorded several years ago. Therefore physicians have prohibited all activities in the schools.

Kemerovo

The schools were closed in Kemerovo from the fifth through the tenth of March. The city had been seized by a flu epidemic. The highest percent morbidity from the virus was found among schoolchildren. Therefore the Preventive Medicine Center and the City Division of Public Education [gorono] made the decision to close all the secondary schools. At the same time, other quarantine measures have been undertaken in the city.

Moscow

It appears that the epidemic has reached its apogee at this time: the number of patients has stopped increasing and has remained stable for several days. Nevertheless, 358,291 individuals have been down with the illness since February 18.

This is less than in past years; therefore, unlike past years, there will not be a quarantine in the schools, provided, of course, there is no new outbreak. Moscow physicians, who carried out an entire complex of emergency measures, are to be thanked for the fact that it was possible to localize the epidemic; all the rooms in the municipal polyclinics were given over for the reception of flu patients, who are encountered at all hours of the day and night. Therapists were permitted to give a medical disability certificate for seven days.

Of course, one couldn't get by without isolated cases.

"This is a late epidemic, and frankly, we had already relaxed, we thought the danger had passed," says A. Ivanenko, physician-epidemiologist of the municipal sanitary-epidemiological station [SES]. "Besides, we were in error in our forecast: we were expecting the A virus, as in the previous year, and we had put in a supply of remantadine, which is used in such cases, but it was the B virus which attacked the city's residents, and we didn't have enough of the vitamins needed for prophylaxis."

Influenza in Odessa Area

91WE0256A Moscow PRAVDA in Russian 13 Mar 91
2d edition p 3

[Article by correspondent V. Vasilets: "Forced Vacations"]

[Text] School vacation just ended in Odessa. "Why suddenly a vacation at the wrong time of the year?" the reader asks. The answer is quite simple. Announcement of the short break between classes was a forced measure. Influenza is raging in the Black Sea area. It has put every other student in bed. This is why the oblast public health administration decided at the recommendation of the Odessa City Extraordinary Epidemic Control Committee to "dismiss" classes for the time of peak growth of morbidity. Early vacations were also announced in Izmail, Ilichevsk and other population centers.

The children will catch up with their training program during the traditional spring vacation, which will be shortened.

Kolyma Region Graves Called Smallpox Danger

91WE0412A Moscow TRUD in Russian 16 Apr 91 p 3

[Article by Ye. Vorobyeva and I. Krasikov, special correspondents for TRUD, dateline Yakutsk-Pokhodsk: "Terrible Messenger: In the Lower Reaches of the Kolyma River, There is a Real Danger of the Return of Black Smallpox"; first paragraph is source introduction]

[Text] The "mask of death" and the "black pestilence" are names that people have given to this disease. Black smallpox has wandered about through cities and the countryside, completely mowing down the population in its path. It was only at the end of the last century that scientists

established that its virus is dangerous exclusively to man and that he is the sole source of the infection. And if we closed that biological niche, we could conquer the disease. Universal vaccination and elimination of infection foci on all the continents helped in the battle: the virus, deprived of conditions in which it could thrive, self-destructed. In May 1980, the disease was officially declared to have been conquered. The terrible history of the disease lay in the archives. It seemed that it would rest there forever...

And then, exactly nine years later, in May 1989, an tiny article appeared in the local newspaper KOLYMSKAYA PRAVDA that shook the dust off the archive documents all at once.

P. Agafonnikov, a pensioner from the ancient northern settlement of Pokhodsk, which was founded by Russian settlers several centuries ago on the lower Kolyma, reported with alarm that an old cemetery in which, according to those who live around there, hundreds of people who had died from the "black pestilence" had been buried early in the last century was being destroyed by a spring freshet and was about to be carried away by it.

Our grandfathers told us, wrote Agafonnikov, that smallpox mowed down everyone back then. Entire families died. At first, they were buried in the Orthodox tradition—in coffins in deep graves. But later, when there weren't enough people left, or enough strength, they simply dug shallow pits in the frozen ground, where they put the corpses, one on top of the other, wrapped in undressed hides.

Now that the river has eroded the edges of the old graveyard, there is a real danger of a further spread of the ancient disease: the corpses could end up in the Kolyma and the East Siberian Sea, from which the virus could go strolling along the entire Arctic coast, looking for its sole, unfailing biological niche—man. And no one knows yet what changes or mutations it would cause in the waters of the ocean or how it would affect the mammals or the plankton that are sensitive to any foreign microbe. It is entirely possible that it would invent new qualities that are as yet unknown to modern science, and the traditional methods of fighting it could turn out to be ineffective. At any rate, it's worth considering the possibility that the permafrost—an ideal natural preserver—has preserved the deathly virus of the last century intact.

Not so long ago, archeologists in Egypt found the mummy of an individual who, by all indications, had died of smallpox. When the scientists attempted to study its tissue for the presence of the virus, they isolated certain of its viable structures. And that, after a millenium! So what about a mere century and a half of its preservation in the ideal conditions of the North, where the meat of a mammoth is sometimes so well-preserved that it's good enough to put into the frying pan (there are brave souls who have tasted it).

The article in the lower Kolyma "local" quite justifiably caused some alarm among the specialists of the republic's health-epidemiology station. The Yakutians immediately reported the danger to their colleagues at the USSR Academy of Medical Sciences Institute of Virology, and

they asked them for advice and help in the epidemiological studies they would have to make of the old burial plots. But the epidemiologists from the capital were mum. The Russian and USSR ministries of health ignored what the workers of the Yakutsk Health-Epidemiology Stations said, limiting their communications with the perturbed peripheral epidemiologists to correspondence that promised nothing. And it was only after health-epidemiological station physician V. Chernyavskiy made a personal appeal to the ministers, in a letter that described in detail the emerging threat, that the ice, as it were, was broken. An order was issued for the creation of a special commission and for the financing of an epidemic-control expedition to the lower Kolyma that would be conducted later. But by that time, a year and a half had already passed since the first request had been made by the Yakutians to Moscow. And it was simply a miracle, in the opinion of V. Chernyavskiy, who was the organizer and manager of the epidemic-control and organizational operations, that the graveyard had "waited just a little longer" and had not splashed the terrible threat that was hiding in the graves out into the river. After all, a fatal event could easily have happened. One health-epidemiology station specialist became convinced of that during his first, emergency trip to the burial site, a trip he made in June 1989 without waiting for a response from "higher-ups." At that time, a small expedition of specialists from Yakutsk, with no practical experience and or proper authority, limited itself to compiling a detailed map of the area and to questioning the people who had lived there a long time. And the river had already made its way right to the cemetery.

Incidentally, in addition to Yakutians, the current expedition includes volunteers from the Irkutsk Antiplague Scientific Research Institute and the Novosibirsk Scientific Production Association Vektor. There are no Moscow virologists.

We talked with V. Chernyavskiy about how the capital's specialists could take such a position on this, a situation so unusual for professionals, but we couldn't figure anything out.

After the victory over the "black pestilence," two laboratories with strains of the smallpox virus were kept. One batch of the strains is kept in the USSR. The idea behind such a long-term action is that, in the event of the emergence of a similar danger, we could use the strains to determine the type of illness and the methods of combating it. Recently, however, specialists with high degrees and high rank have begun to entertain doubts about the advisability of this country's keeping the source of such a powerful epidemiological force on hand. If the disease itself is no longer a threat to mankind, then wouldn't it be wiser to destroy those strains as potential contaminants being kept in laboratory test tubes? It all came to that. And then you have the request from Yakutsk.

The history of world medical curiosities has many cases in which the armor of our medicine is easily pierced by some harmless-looking archaic virus, a sort of messenger from the centuries past. As it did, for example, quite recently with an antique collector in Los Angeles who suddenly came down

with an unknown form of influenza. It turns out that he had acquired an antique Louis XIII bed that had preserved a virus for the "disease of kings" from the sixteenth century. The scientists had to look for new drugs to treat it.

In our case, however, we are dealing with an immeasurably greater danger, because the bacilli of the Kolyma smallpox (if it was, in fact, that) have never been studied by anyone. What kinds of surprises does it have in store for our time?

We are not at all inclined to stir things up around this problem, but we cannot help but express our entirely legitimate concern: why is there only silence from the representatives of the Institute of Virology, whom, it would seem, God himself has ordered to get busy with a solution?

The work that lies ahead for specialists on the Kolyma is quite serious. They must conduct detailed epidemiological studies, produce a complex assessment of the biomedical and ecological danger presented by the old burial ground, and determine ways to neutralize that danger. It is especially important because Pokhodsk is not alone today in its predicament. Throughout the world, there are many such contaminated burial grounds in the permafrost—on our continent, in America, and in Canada—and the information about them is often preserved only in people's memories. It is entirely probable that the recommendations generated by that group of Soviet scientists will be used to solve similar problems abroad.

The Novosibirsk, Irkutsk, and Yakutsk scientists plan to carry out two stages of operations in Pokhodsk. The first stage will consist of exhumation of the permafrost-preserved remains of those who died from smallpox in the past century and a study of the "material." The second stage (if, of course, the danger is confirmed) calls for engineering operations to safely isolate the old cemetery from the world around it. To keep the "zombie virus" from making its way to the surface, it will be necessary to enclose each individual grave in a metal or concrete sarcophagus, and then to put them all into a single concrete "jacket" that encloses the entire graveyard. That, as you can see, is very reminiscent of the cleanup after the explosion of the Chernobyl reactor.

Naturally, it will above all be necessary to reinforce the banks of the Kolyma near Pokhodsk and perform a mass vaccination of the local population.

But those suggestions are not the last word in the solution of the "Pokhodsk problem." V. Chernyavskiy feels that it is possible that, in the course of the studies, professional help may be needed from the best foreign specialists. After all, the threat borne by the frozen Pokhodsk virus is truly international, and it is capable of becoming a sort of infectious Chernobyl for mankind. An exaggeration? God only knows.

Salmonellosis on Rise in Tallinn

91WE0412C Tallinn VECHEMIY TALLINN
in Russian 7 May 91 p 3

[Article by Ye. Korobeynikova, physician, Department of Nutritional Hygiene, Tallinn Health-Epidemiological Station, under the rubric "A Physician's Advice": "Salmonellosis and Its Prevention"]

[Excerpt] In recent years, salmonellosis morbidity has risen everywhere, particularly in the city of Tallinn. For example, in the first quarter, 129 cases were recorded—72 of them were children 14 years old or under. In the same quarter last year, 82 cases were recorded, and the rise in morbidity was 35%.

Quite often, laboratory studies of food products isolate microbes of the salmonella group in chicken carcasses, meat products, and eggs. According to the data of the Tallinn Health-Epidemiology Station, salmonella in products at public catering enterprises and food markets is found in 25% of the samples taken from chicken carcasses and in one out of every 100 eggs. Those products are most dangerous in an epidemiological sense. It should be noted that the organoleptic properties of products contaminated with salmonella (color, taste, smell) do not usually change, and the products may seem to be of perfect quality. But when storage regulations and storage times are violated, and when the food is not prepared at the proper temperatures, those products can be a source of illness. [passage omitted]

Workers Fined for Salmonella Contamination of Meat

91WE0412D Moscow PRAVDA in Russian 14 May 91
2nd ed p 2

[Article by Yu. Stroganov, special correspondent for PRAVDA, under the rubric "Lithuania": "Is Salmonella Returning?"]

[Text] Vilnius residents have already forgotten the salmonella epidemic. It was more than a year ago that the medical people had to deal with that acute intestinal infection, which had "dropped in" on many families. But now the infection has announced itself again.

But that's just the start of it. Physicians confirm that the epidemiological situation is beginning to worsen. One-fourth of those who have bought chicken or duck have become infected, as have many of those who have bought ham, beef, or eggs. Nearly 100 market workers have been fined for violating health regulations. Will that stop the spread of the epidemic?

Epidemiology Service Receives New Powers

91WE0364A Moscow IZVESTIYA in Russian 21 May 91
Union p 2

[Article by L. Ivchenko, under the title "The Epidemiology Service Becomes Independent"]

[Text] July 1 of the present year will be the birth day of the Russian State Committee of Sanitary-Epidemiological Oversight. While it has already been formally created in accordance with the recently passed RSFSR Law "On the Sanitary-Epidemiological Well-Being of the Population", organizational matters, the development of regulations, acts, etc., remain ahead, after which the new institution will go to work.

But do we need it? And how! The fact is that according to the new law (which has, incidentally, anticipated the all-union law which until now has not ever been reviewed

by parliament) the sanitary-epidemiological service has been removed from subordination to the public health organs and has become independent. Created more than seventy years ago, it was intended to be independent, but in essence it did not become independent due to its direct subordination to the executive committees of the local Soviets and public health organs. Hence in part the inadequate effectiveness of the work of sanitary supervision, the inexorable decline in its authority, etc.

"Things have come to such a pass that even against the background of outbreaks of mass diseases sanitary physicians are unable to achieve the termination of the delivery of poor quality water, the suspension of the operation of enterprises which are polluting the air and water with toxic chemical substances and infectious materials," says Chief State Sanitary Physician of the RSFSR, E. Belyayev. "For example, in Angarsk of Irkutsk Oblast, more than a 1,000 individuals have suffered from the toxic discharges of local enterprises. But a visit by a government commission was required in order to suspend the utilization of the 'Orgsin-tez' plant and the production of protein-vitamin concentrates... Now the sanitary-epidemiological service has received broad powers and authority, and the head of the committee, which is included in the Council of Ministers of the RSFSR, will become a member of the government of the republic with subordination only to the law."

E. Belyayev believes that it is necessary to reorganize the sanitary-epidemiological operation totally, in accordance with the ideology of the new law. After all the protection of the health of people involves not so much the treatment of the growing number of patients, as it does above all the arrest of this growth. The chief state physician of the republic is convinced that it is therefore time to depart from merely monitoring functions, and to make the analysis and study of cause-and-effect relationships fundamental in his work. Why has the number of cases of asthma and bronchitis risen sharply in some regions, and gastrointestinal infections in others? Why has tuberculosis "gone on a spree" in some places, while in other places the cases of the birth of children with congenital defects have occurred with greater frequency?

"It is an axiom that in order to maintain health man must live in conditions which do not exert a harmful influence on him and on the health of future generations and which are favorable from the sanitary-epidemiological point of view, as well as safe from the perspective of radiation. According to the data of the World Health Organization, public health depends 50 percent on lifestyle, 25 percent on the state of the environment, and only 8-12 percent on the quality of medical services. So what do we see in our own case? Two-thirds of the sources of drinking water supply do not meet hygienic norms, and the pollution of waters continues. Enterprises annually discharge more than 30 million tons of harmful substances into the atmosphere, plus approximately 20 million tons discharged by automotive transport, such that 400 kilograms of harmful substances falls to each inhabitant! What chance does health have in all of this? And no increase in the number of hospital beds of physicians is going to help matters. In

addition, by fault of the food enterprises in the RSFSR, 150-250 outbreaks of dysentery and salmonellosis occur annually, from which at times as many as 20 thousand individuals suffer. The list of our misfortunes can be continued; it is quite long. Our principal task now should be at least to halt the development of these tendencies, in order then to attempt a breakthrough in the direction of improvement. And in this respect the newly created committee will function as the coordinator of the activity on the Russian territory of the ministries and departments, the organs of state administration, of enterprises and public associations, as the coordinator of measures directed toward improving environmental health and the conditions of labor and life, and, thus, to the prevention of diseases. The job of the protection of the health of the nation should become the objective of the state and of all of its structures.

In the former central board of the Ministry of Health of the RSFSR, which according to the new law has acquired independence and the status of the ministry, they are now occupied with the working out and concretization of all of the points of this important, long-awaited document. After all, to pass a law is still only half the job; it has to be compelled to "work"... For example, it stipulates the compensation of citizens for damage to their health which has been caused by the contamination of products and of water, by the activity of harmful industrial facilities, etc. And how is this compensation to be determined? An integral methodology is necessary, as are scientifically substantiated and defensible calculations, in a word, the mechanisms of the realization of the specific provisions of the law. In connection with the new sanitary-epidemiological policy, the reorganization of the service of the SES [Sanitary-Epidemiological Station] in the localities also confronts us."

"The principle of goal-directed planning will form the basis of their activity," explains Belyayev, "that is, an objective will be set up depending upon the situation, either to achieve the reduction, for example, of morbidity from gastrointestinal infections, or of the number of occupational diseases, or to achieve the creation of more favorable conditions in the environment and so forth. At the same time, the effectiveness of the operation of our local services will be judged not by the number of monitoring tests, reports, laboratory investigations, etcetera, but by the final result. For instance, if the content of harmful discharges into the atmosphere has been reduced to the norm, this will be to the honor and glory of the collective which has known how to get local producers to observe environmental protection measures. The law provides the sanitary physician no small number of capacities and powers to achieve this purpose, including the possibility of calling to account for criminal responsibility, and large fines... After all, it is no secret that many economic problems are even now solved to the detriment of the health of workers and of the population as a whole, and that fines have been such that it was sometimes more advantageous to pay them than to undertake expensive re-equipment of production, and prophylaxis. Now, armed

by the articles of the law, and elevated by it to a qualitatively new level, the sanitary service will not permit this.

The Arboviruses of the Turkmen SSR

91WE0260B Ashkhabad ZDRAVOOKHRANENIYE
TURKMENISTANA in Russian No 10 Oct 90 pp 32-34

[Article by V. G. Sadykov; Turkmen Scientific Research Institute of Prophylaxis and Medicine (Director, M. Ch. Charyyev)]

[Text] The arboviruses are viruses which circulate in nature between sensitive vertebrates and blood-sucking arthropods. They multiply in the tissues of the arthropod, and after a specific incubation period, are transmitted by means of a bite to vertebrate animals, in whose organism they multiply, inducing viremia. Depending upon the degree to which they have been studied, all the viruses isolated from arthropods have been divided into groups: arboviruses, probable arboviruses, and possible arboviruses².

The arboviruses circulate in natural foci among such blood-sucking arthropods as ticks, mosquitoes, and sandflies, and various species of vertebrate animals (primarily rodents and birds), inducing a persistent or subclinical infection in the latter. However, under certain conditions, man too, in whom the arboviruses are capable of inducing various diseases (fevers of varying degrees of severity, lethal encephalitides), may fall within the chain of circulation. The formation of anthropurgic foci is also possible; in this case cattle are of great significance. In regions in which pasture husbandry is well developed, cattle are in constant contact with various species of blood-suckers which also feed off wild animals. Thus, some Ixodes species feed off rodents during the sexually immature stage of development, and in the imago stage, off large domestic animals.

The "arbovirus" concept is purely ecological, and has no systematic significance. The majority of arboviruses are representatives of the Bunyaviridae and Togaviridae families. There are also arboviruses among the rhabdoviruses, geoviruses, and picornaviruses. Many of the arboviruses which are well known at the present time have not yet been classified.

The arboviruses are widely distributed in all geographic zones of the world where there are blood-sucking arthropods. Outbreaks of diseases and epidemics, frequently with a fatal outcome, the lack of treatment methods, and sometimes the inadequate development of prophylactic measures as well, all define the importance of the problem of the arboviruses for public health.

The arboviruses, among the viruses of the vertebrate animals, make up a substantial ecological group, the size of which grows annually, especially in countries with a hot climate. More than 400 representatives of the arboviruses are currently registered in the International Catalogue of Arboviruses; of these, more than 40 are known on the territory of the USSR.

The most serious arbovirus diseases known in medical practice in the Soviet Union are the tickborne and Japanese encephalitides, as well as the Crimean and Omsk hemorrhagic fevers. There is information available regarding the role of still other arboviruses in human pathology. However, the insufficient familiarity of public health services with the diseases induced by them leads to their remaining unrecognized, or pass unrecognized under other diagnoses: ARD [acute respiratory diseases], flu, serous meningitis, myocarditis, parasite-borne typhus diseases, hepatitis, etc.

The industrial and agricultural exploitation of nature is capable of inducing significant change in the environment and in the ecological links in biocenoses. Thus, when the area of bodies of water is increased, an increase in the number of mosquitoes is possible, while when desert territories are plowed, a decrease in the number of colonies

of rodents and of the parasites which feed off them is possible. The Turkmen SSR is one of the regions of active exploitation.

The study of arboviruses has been carried out over the course of many years at the Virology Laboratory of the S. M. Dursunova Ashkhabad Scientific Research Institute of Epidemiology and Hygiene. The Laboratory has been the only place in the republic where arboviruses have been isolated in laboratory animals and in cell cultures, and cases of human diseases caused by Isfahan, Sindbis, Tamdy, West Nile, and Karshi viruses have been established and described.

According to data in the literature¹, at the present time, on the territory of the TuSSR, 19 arboviruses belonging to different families are known (table): some on the basis of their isolation from various sources, others on the basis of the detection of antibodies to them in people and various animals.

Arboviruses in the Turkmen SSR

| Virus | Family (genus) | Ticks | | | Mosquitoes | Sandflies | Biting midges | Bats | Birds | Rodents | Agr. animals | Man | Pathogenicity for man |
|---------------------------|----------------------------|--------|---------|--------------|------------|-----------|---------------|------|-------|---------|--------------|------|-----------------------|
| | | Ixodid | Argasid | Orthimodorus | | | | | | | | | |
| Sicilian sandfly fever | Bunyaviridae (phlebovirus) | B* | | | | B | | | | A* | | BA* | + |
| Naples sandfly fever | " | | | | | B | | | A | A | A | B*A* | + |
| Karimabad | " | | | | | B | | | | A | | A* | |
| Crimean hemorrhagic fever | nairovirus | B* | | | | | | | | | BA* | BA* | + |
| Bhanja | not grouped | B | | | | | B | | B | A* | BA* | B | + |
| Issyk-Kul | " | | B | | | | B | | BA | A | A* | BA* | + |
| Caspian | " | B | | B* | | | | | B | | | | |
| Tamdy | " | B* | | | | | | | B | | | BA | + |
| Baku | Reoviridae (orbivirus) | B | B | B | | | | | B | | A* | | |
| Wad Medani | " | B* | | | | | | | | | | A | |
| Chenuda | " | | B | | B* | | | | | | | A | |
| Sindbis | Togaviridae (alphavirus) | | | | B | | | | BA | BA | A | BA* | + |
| West Nile | flavivirus | B* | | | B | | | | BA* | A* | A* | BA* | + |
| Karshi | " | B | | B* | | | | | BA | BA | A* | A | + |
| Tickborne encephalitis | " | B | | | B | | | B | B | B | A* | BA* | + |
| Sokuluk | " | | B | | | | | B | | | | A* | |

Arboviruses in the Turkmen SSR (Continued)

| Virus | Family (genus) | Ticks | | | Mosquitoes | Sandflies | Biting midges | Bats | Birds | Rodents | Agr. animals | Man | Pathogenicity for man |
|---------------------------|-----------------------------|--------|---------|---------------|------------|-----------|---------------|------|-------|---------|--------------|-----|-----------------------|
| | | Ixodid | Argasid | Orthi-nodorus | | | | | | | | | |
| Isfahan | rhabdovirus (vesiculovirus) | B* | | | B* | B* | | | | A* | A* | A* | + |
| Ephemeral fever of cattle | not grouped | | | | | B* | | | | | BA | | |
| Sikhote-Alin | picornavirus | B | | B* | | | | | | | | | |

Note: A- there is information on the detection of antibodies to the virus; B- on the isolation of the virus from the given source; *- on the territory of the Turkmen SSR

Footnotes

¹ V. G. Sadykov, The Ecology of the Isfahan Virus in Turkmeniya: Candidate's Dissertation, Moscow (1986), pp. 9-39.

² Berge, T. O., The International Catalogue of Arboviruses, US (1975).

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Cholera in Nikolayev

92WE0088F Moscow SOVETSKAYA ROSSIYA, in Russian 5 Oct 91 p 1

[Text] The sanitary-epidemiological services of the city of Nikolayev and the oblasts are working under an extraordinary schedule, and are taking extreme measures. The Black Sea shipbuilding factory has come under threat of a work stoppage. An extraordinary anti-epidemic commission, created in the city in connection with an outbreak of cholera, has warned the administration of the enterprise regarding this.

Border Region Closed for Epidemiological Reasons

92WE0088E Moscow ROSSISKAYA GAZETA, in Russian 26 Oct 91 p 3

[Article; under the title "'Epidemiological Bomb' Defused"; under the rubric "News"]

[Text] On the heels of Uzhgorod, the barrier to tourists and travelers has been closed in Brest as well. This temporary measure was announced at the joint meeting of the presidium of the city Soviet and the city executive committee. The opinion of the chief sanitary physician of the city, who

termed the situation in the border region "an epidemiological bomb", was the reason for this measure; its explosion threatens the population with unpredictable consequences. The decision of the authorities regarding the temporary closure of the border to tourists and to those who are crossing in response to private invitations will be enforced from the first of November on.

No Evidence of Secret Laboratory Found Near Irkutsk

LD0812154391 Moscow TASS in English 1139 GMT 8 Dec 91

[Article by TASS correspondent Vladimir Khodiy]

[Text] Irkutsk December 8 TASS—"There is no information which would directly or indirectly indicate that the secret military laboratory, through the fault of which an outbreak of anthrax occurred in 1979, is now located near Irkutsk," Mikhail Savchenkov, deputy chairman of the East Siberian branch of the Academy of Medical Sciences, told TASS.

He is heading a commission specially set up by the local administration to check a report that appeared in the press at the end of November that the laboratory had been relocated from Sverdlovsk to the Transbaykal area.

"A check-up carried out through military and civilian channels confirmed that there has been no research team for the development of bacteriological weapons in the area in the past and present," the commission head said.

However, this does not rule out the necessity of making an official inquiry at the Defence Ministry and the Government of Russia into the further destiny of the super-secret laboratory.

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